

Name  
in  
Full

Ellen Asquith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month April	Day 3rd.	Years —	Months —	Days 28	
Sex	male	Color or Race	white	Birth-place P.G. Co., Ind.			
Occupation	none	Where Residing if not at place of death					
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	Geo. Nelson Asquith		Father's Birthplace			Ind.	
Mother's Maiden Name	Eva Ellen Love		Mother's Birthplace			Ind.	
Name of person giving Information	Geo. Nelson Asquith		How related to deceased			father	

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

marasmus

Immediate

asthma

Are the name, age, sex, color, date and place correctly given above?

yes

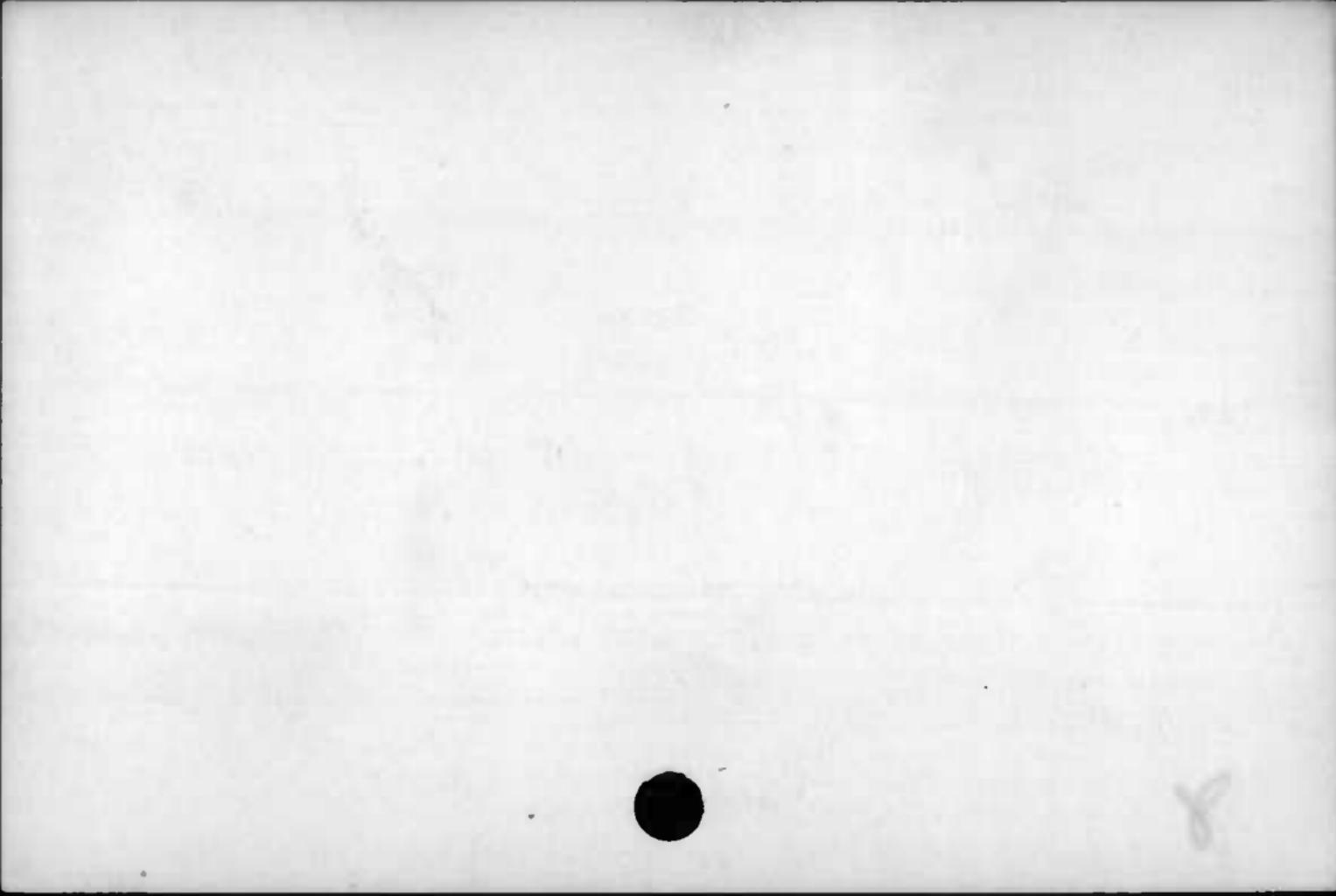
Signature of Physician

Address

J. M. Brady, M.D.  
Kenilworth,  
W.C.

8

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James M. Ball  
Town County  
County Alum House P.O.

CERTIFICATE OF DEATH

MARYLAND

Died at	Month	Day	Years	Months	Days		
Date of death 190	4	7	66	—	—		
Sex	Color or Race	Male	White	Birthplace	Albion		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	None					
Father's Name	Thomas Ball					Father's Birthplace	Albion
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving information	Samuel Alum Sept.					How related to deceased	None

CAUSES OF DEATH

Primary

Pulmonary  
Tuberculosis

27

How long

Immediate

Subacute

How long

Are the name, age, sex, color, date and place correctly given above?

yes

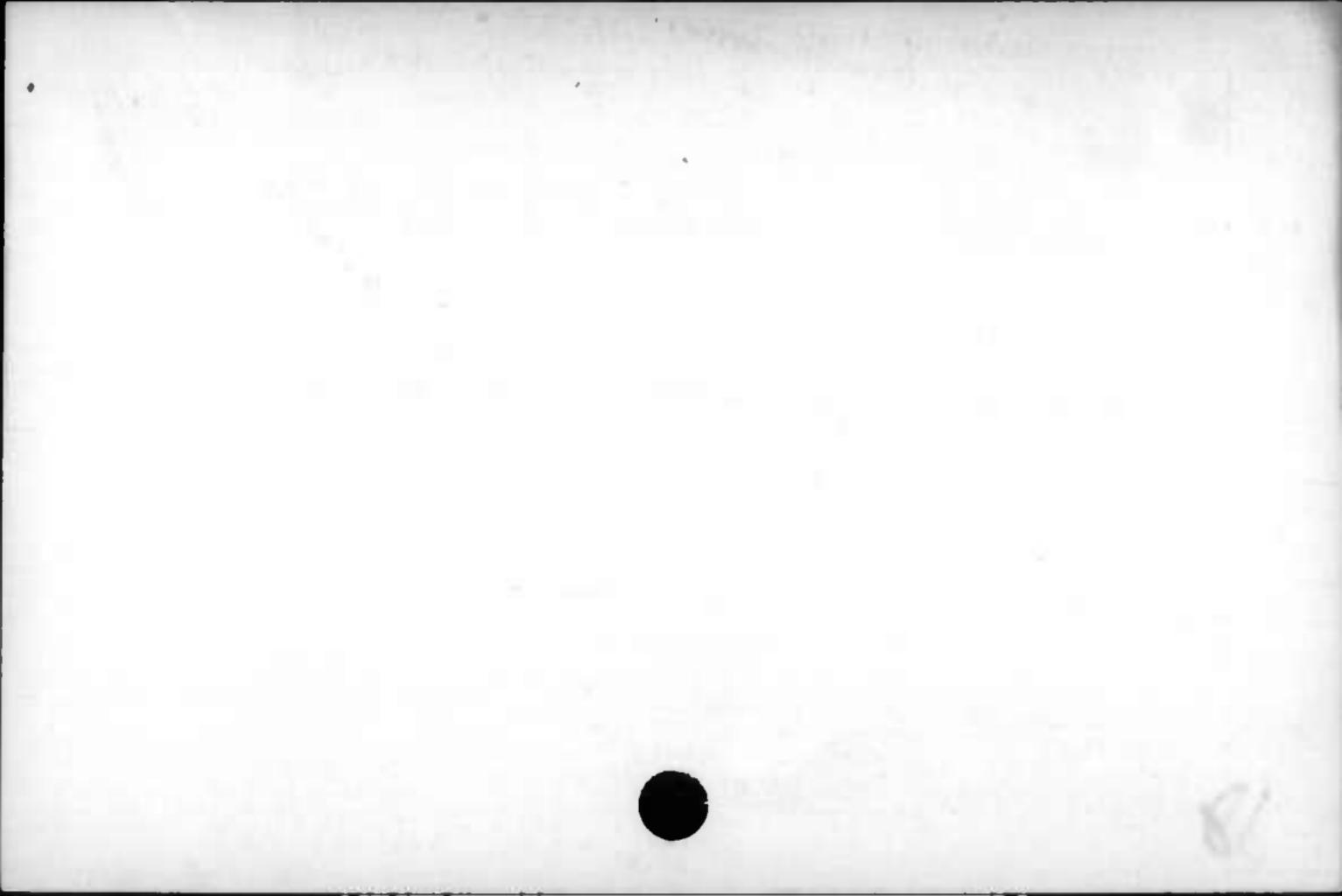
Signature of Physician

Address

John E. Salisbury M.D.  
Forestville  
Albion

Accident or Suicide?

neither



Name  
in  
Full

Fanny Boozr

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month 4	Day 3	Years 24	Months	Days
Sex	female	Color or Race	Colored	Birth-place	her	
Occupation	Housewife		Where Residing if not at place of death	McLain Boozr		
Married, Single or Widowed	Married	Name of Wife or Husband		Father's Birthplace	Md	
Father's Name	Wm Smith			Mother's Birthplace	Md	
Mother's Maiden Name	Johnana Duckett			How related to deceased	Brother	
Name of person giving information	Wallace Smith					

CAUSES OF DEATH

27

How long

3 months

How long

PHYSICIAN  
OR CORONER

Primary  
Miliary Tuberculosis

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John A. Cox

213.

Ma

8

Accident or Suicide?



Name  
in  
Full

Theophilus A. Boller

CERTIFICATE OF DEATH

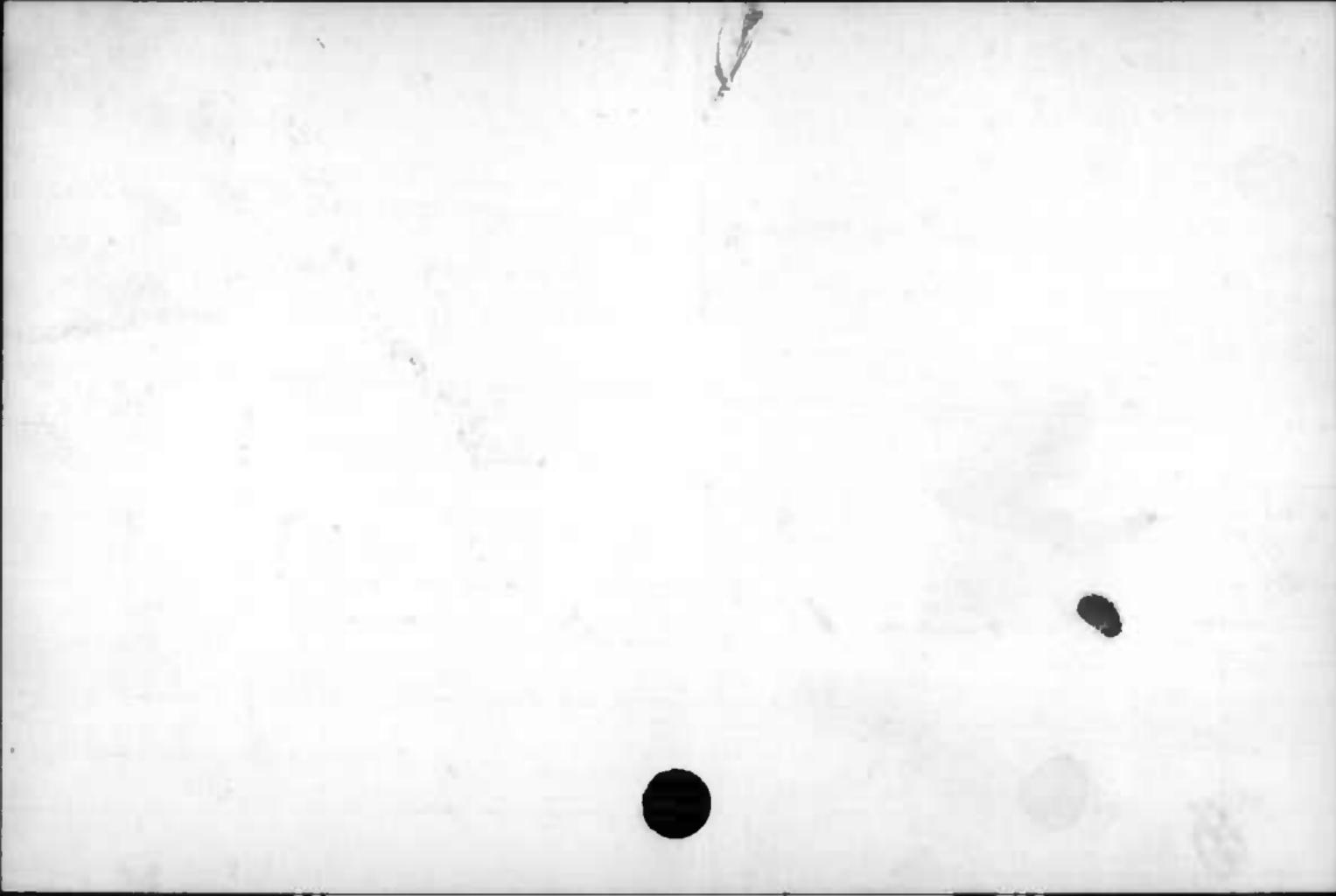
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Berwyn	Prince George's		Months	3	Days
Date of death	Month	Day	Years	90	
1907	April	23	Age		
Sex	Male	Color or Race	White	Birthplace	Md
Occupation	Retired Farmer	Where Residing if not at place of death	at Berwyn		
Married, Single or Widowed	Name of Wife or Husband	Margaret Harriet Boller			
Father's Name	Don't Know		Father's Birthplace	Md	
Mother's Maiden Name	Margaret Harriet		Mother's Birthplace	Md	
Name of person giving information	George Boller		How related to deceased	son	

CAUSES OF DEATH

120

Primary	Chronic Bright's Disease		How long	about one year
Immediate	Mimic Coma		How long	about 24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	G. A. Hof	
Yes		Address	Berwyn	
Accident or Suicide?			Md	



Name  
in  
Full

Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month 4	Day 11	Age	Years	Months
Sex	Male	Color or Race	Colored	Birth-place	Days	
Occupation	Where Residing if not at place of death		P. Gwyn			
Married, Single or Widowed	Name of Wife or Husband		P. Gwyn			
Father's Name	John Brown		P. Gwyn			
Mother's Maiden Name	Bessie Quander		P. Gwyn			
Name of person giving information	John Brown		P. Gwyn			
CAUSES OF DEATH						
Primary	Did not see child		71			
Immediate	Coronavirus		How long 2 dgs			

PHYSICIAN  
OR CORONER

8

Are the name, age, sex, color, date and place correctly given above?

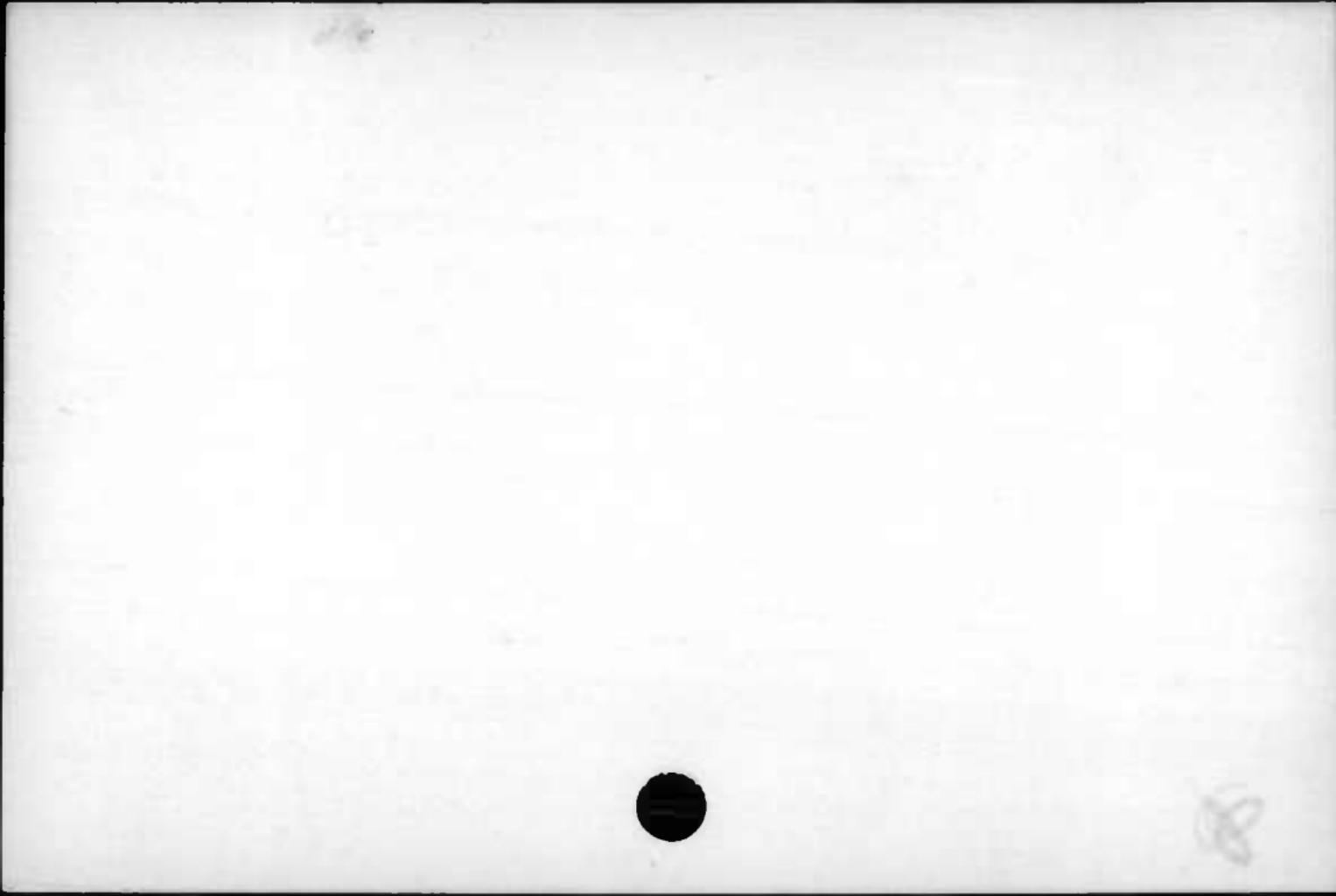
Yes

Signature of Physician

Address

Roncy Sasser  
(Upper Marlboro)  
Md.

Accident or Suicide?



Name  
in  
Full

Eliza D. Chew

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
	Near Marlboro		Plum			
Date of death	Month	Day	Years		Months	Days
1907	4	21	52			
Sex	Female		Color or Race	White		
Occupation	Housewife		Where Residing if not at place of death	Md		
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Richard B. B. Chew			Father's Birthplace	Maryland	
Mother's Maiden Name	Louisa D. Brooks			Mother's Birthplace	Md	
Name of person giving information	P. W. Chew			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Deance

45

How long

One year

Immediate

Exhastion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

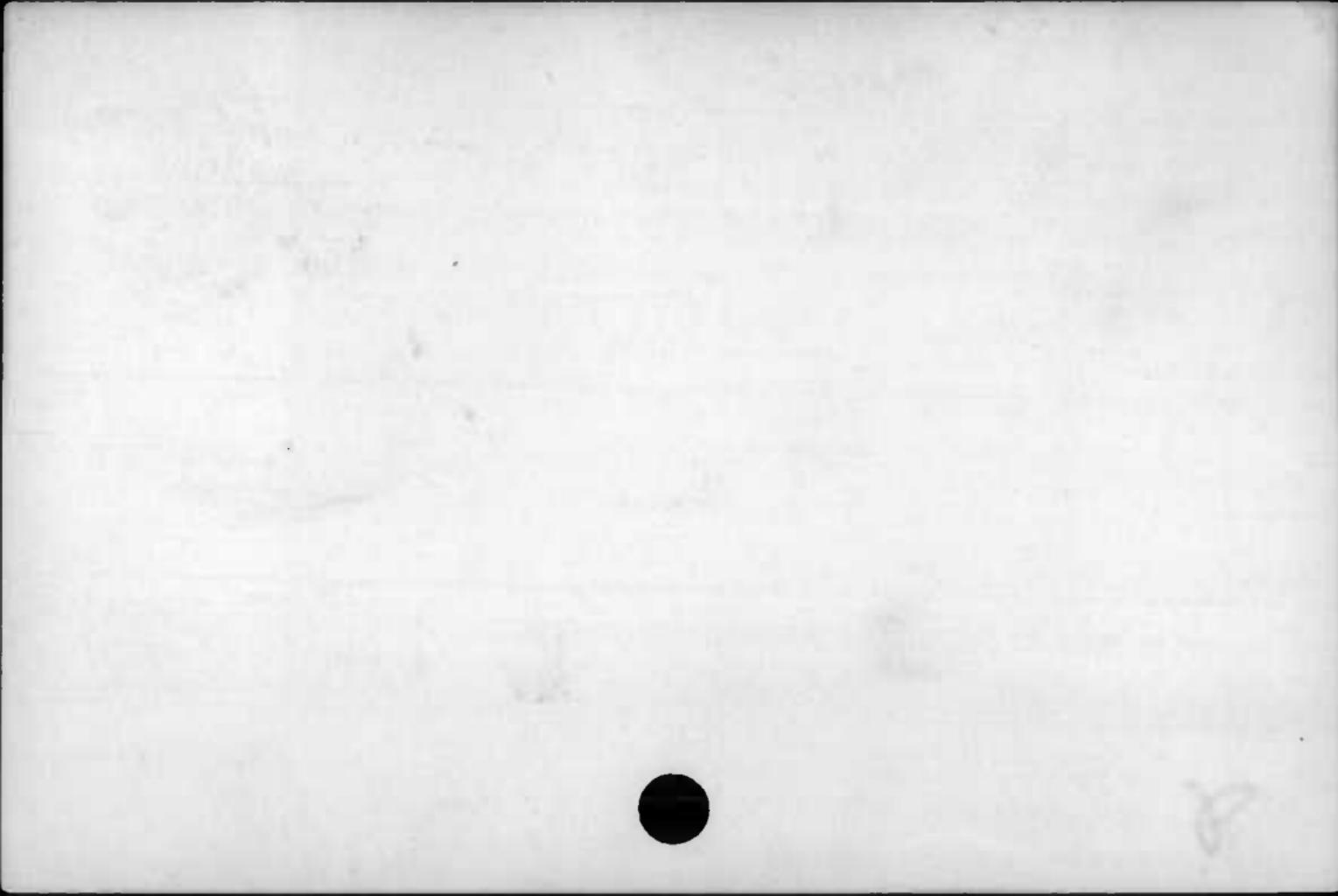
Signature of Physician

Address

Reverdy Saaser  
Upper Marlboro  
Md.

8

Accident or Suicide?



Name  
in  
Full

Nancy Claybourne

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>71 Washington</u>		Town	<u>P.F.</u>	County	<u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>4</u>	Day <u>12</u>	Years <u>62 about</u>	Months	Days	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Va.</u>				
Occupation <u>Interior</u>	Where Residing if not at place of death <u>William Claybourne</u>					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>William Claybourne</u>	Father's Birthplace <u>Va.</u>				
Father's Name <u>Henry Claybourne</u>	Mother's Maiden Name <u>not known</u>	Mother's Birthplace <u>Va</u>				
Name of person giving information <u>Wm Claybourne</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

(10)

PHYSICIAN  
OR CORONER

Primary

La Grippe & complications

How long

5 weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

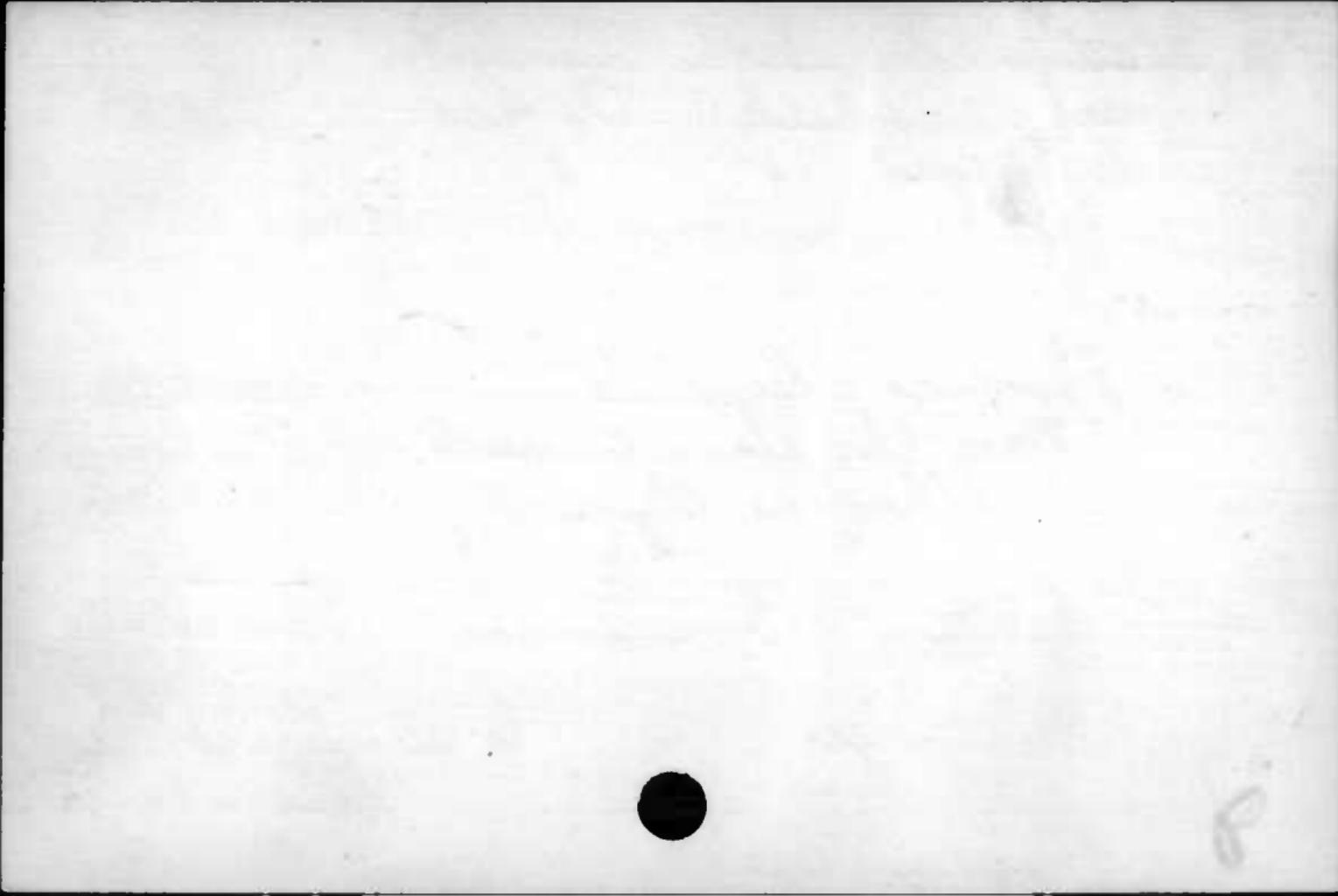
Address

John A. Cox

J.B.

mid

Accident or Suicide?



Name  
in  
Full

Gladys Elizabeth Clements -

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
near Accokeek	On Gas				
Date of death 1907	Month	Day	Years	Months	Days
April	5	Age	2		-
Sex	Color or Race	Where Residing if not at place of death	near Accokeek.		
Female	White				
Occupation	None				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas Clements -	Father's Birthplace	Accokeek Md.		
Mother's Maiden Name	Mary Elizabeth Clements -	Mother's Birthplace	Pr. Geo. Co		
Name of person giving Information	Thomas Clements	How related to deceased	Father.		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis.

27

How long

6 months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

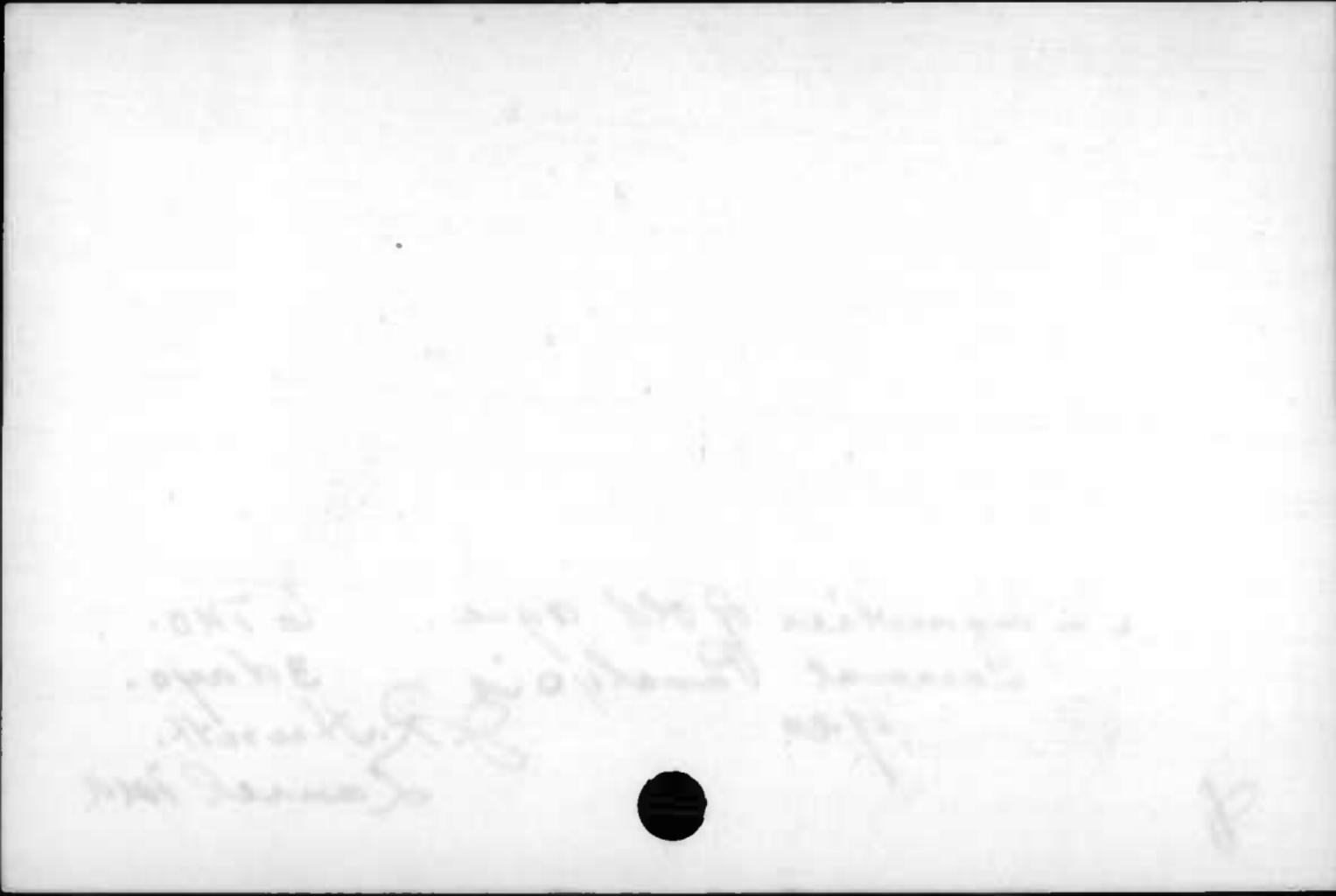
Address

E. A. Hurtt. M.D.

Prickettaway  
Md. ~

8

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Christina Davidson

CERTIFICATE OF DEATH

MARYLAND

Died at Laurel

Town

County

Prince Geo

Date  
of death 1907

Month  
April

Day  
11

Years  
73

Months  
1

Days  
11

Age

Sex  
Female

Color or  
Race  
White

Birth-  
place  
Germany

Occupation  
H. Wifor

Where Residing if not  
at place of death  
Laurel

Married, Single  
or Widowed  
yrs

Name of Wife or  
Husband  
Nicholas Davidson

Father's  
Name  
Geo Elshark

Father's  
Birthplace  
Germany

Mother's  
Maiden Name  
Hannah Cole

Mother's  
Birthplace  
Germany

Name of person giving  
Information  
Geo Davidson

How related  
to deceased  
Son

CAUSES OF DEATH

66

Primary

Infirmities of old age.

6 mo.

Immediate

General Paralysis

3 days.

Are the name, age, sex, color, date  
and place correctly given above?

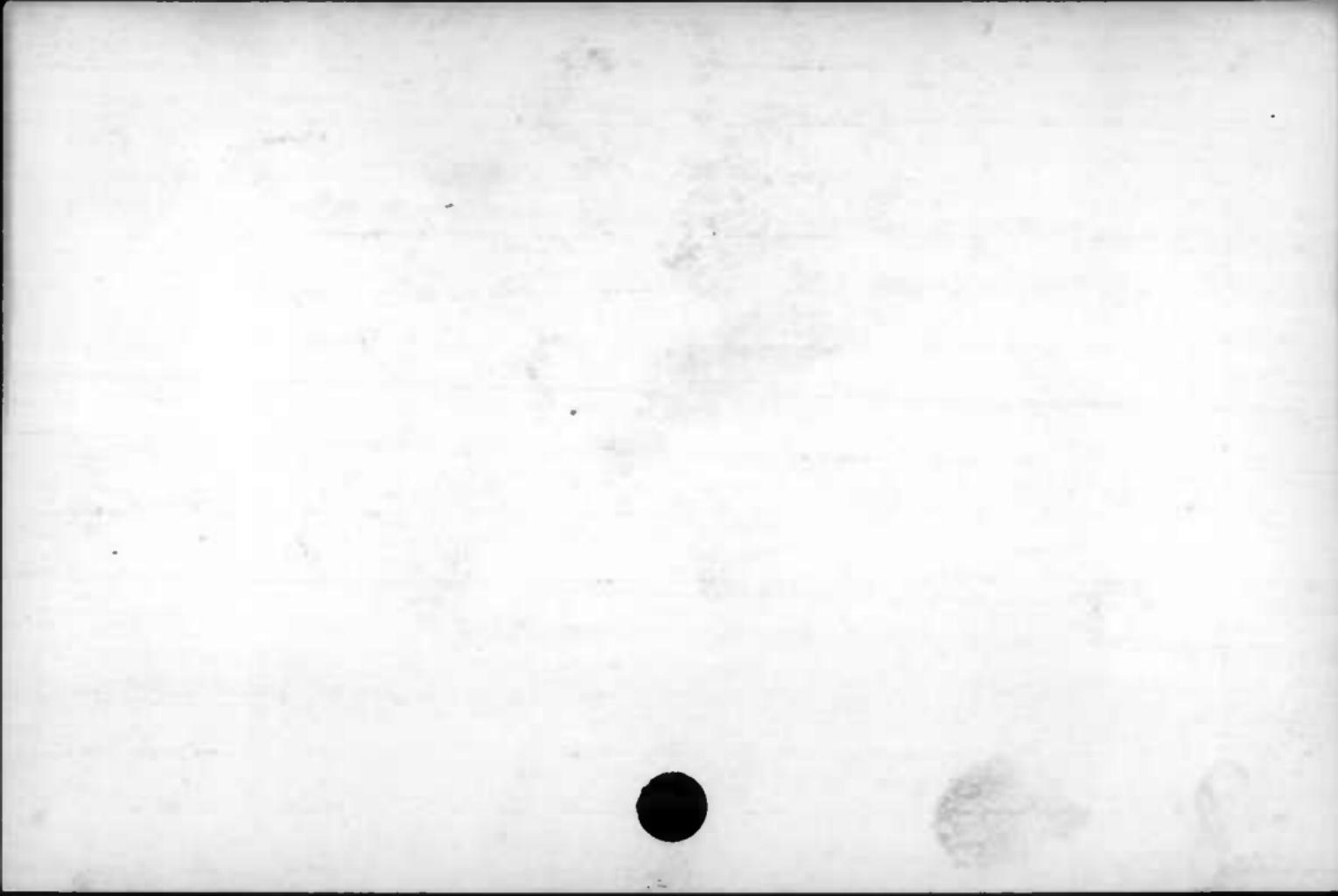
Yes

Signature of  
Physician  
J. R. Harritt.

Address  
Laurel Md

PHYSICIAN  
OR CORONER

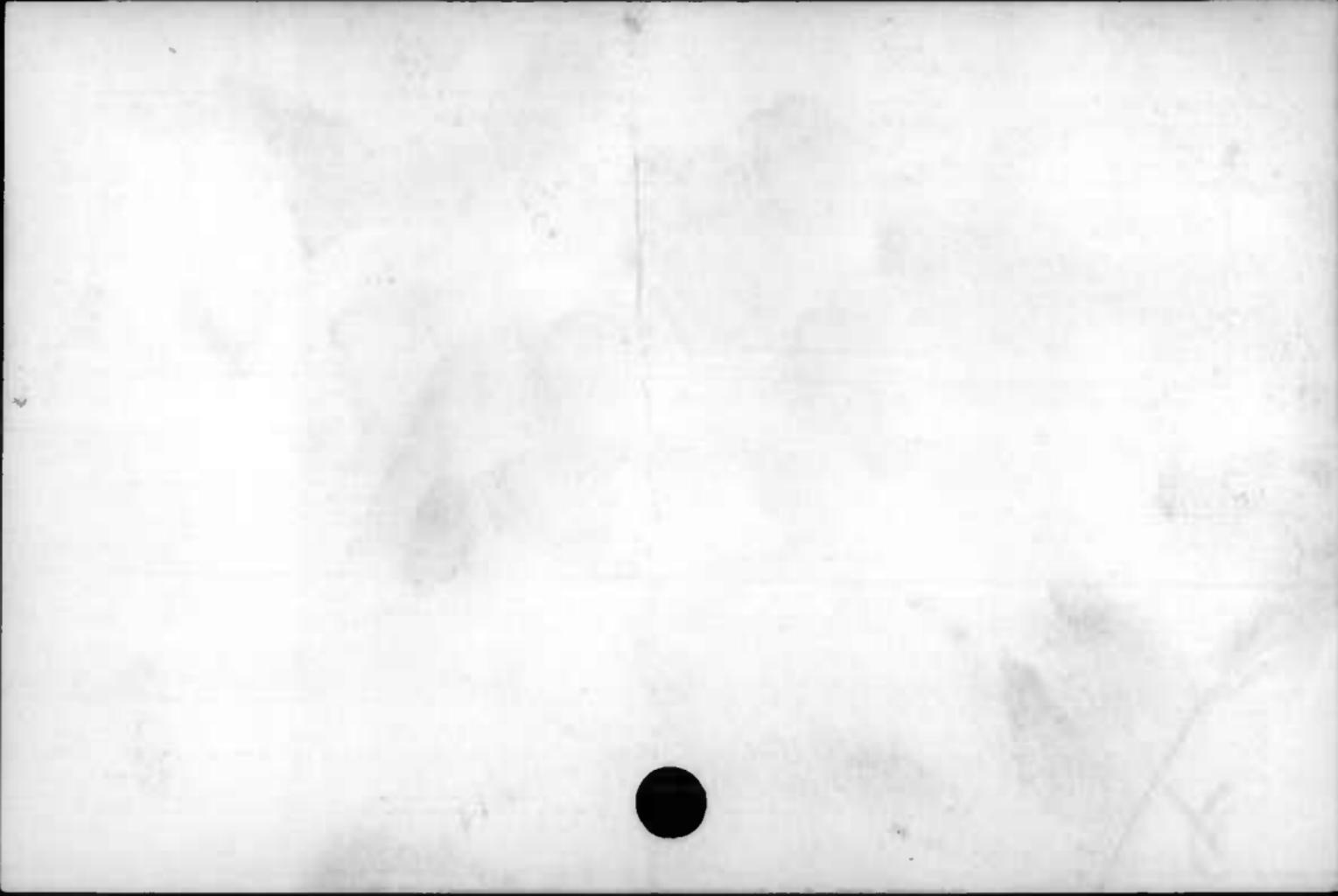
Accident or Suicide?



Thomas Devaughn						CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND			
Date of death	1907	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Colored	Birthplace				
Occupation	Laborer		Where Residing if not at place of death	Susan Johnson				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace					
Father's Name	Don't know		Mother's Birthplace					
Mother's Maiden Name	"	"	Frances Wright					
Name of person giving information	Daughter		How related to deceased					

## CAUSES OF DEATH

Primary	Chronic Bright's Disease		How long	Two or three years
Immediate	Arabamine Poisoning		How long	Two or three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W.W. Birdsell M.D.	
		Address	Hyattsville Md.	
X				
Accident or Suicide?				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

William Diggs

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND					
Near Marlboro		St. Mary's			Months	Days				
Date of death	190	Month	4	Day	16	Age	Years	30		
Sex	Male	Color or Race	Colored		Birth- place	MD				
Occupation	Unknown		Where Residing if not at place of death			Washington				
Married, Single or Widowed	Single	Name of Wife or Husband	—		—		—			
Father's Name	David Diggs		✓		Father's Birthplace	MD				
Mother's Maiden Name	Julia Diggs		—		Mother's Birthplace	MD				
Name of person giving Information	David Diggs		—		How related to deceased	Father				

CAUSES OF DEATH

27

How long

3 years

How long

4 days

Reverend Dassay  
Upper Marlboro  
Md.

Signature of  
Physician

Address

Primary

Tuberculosis

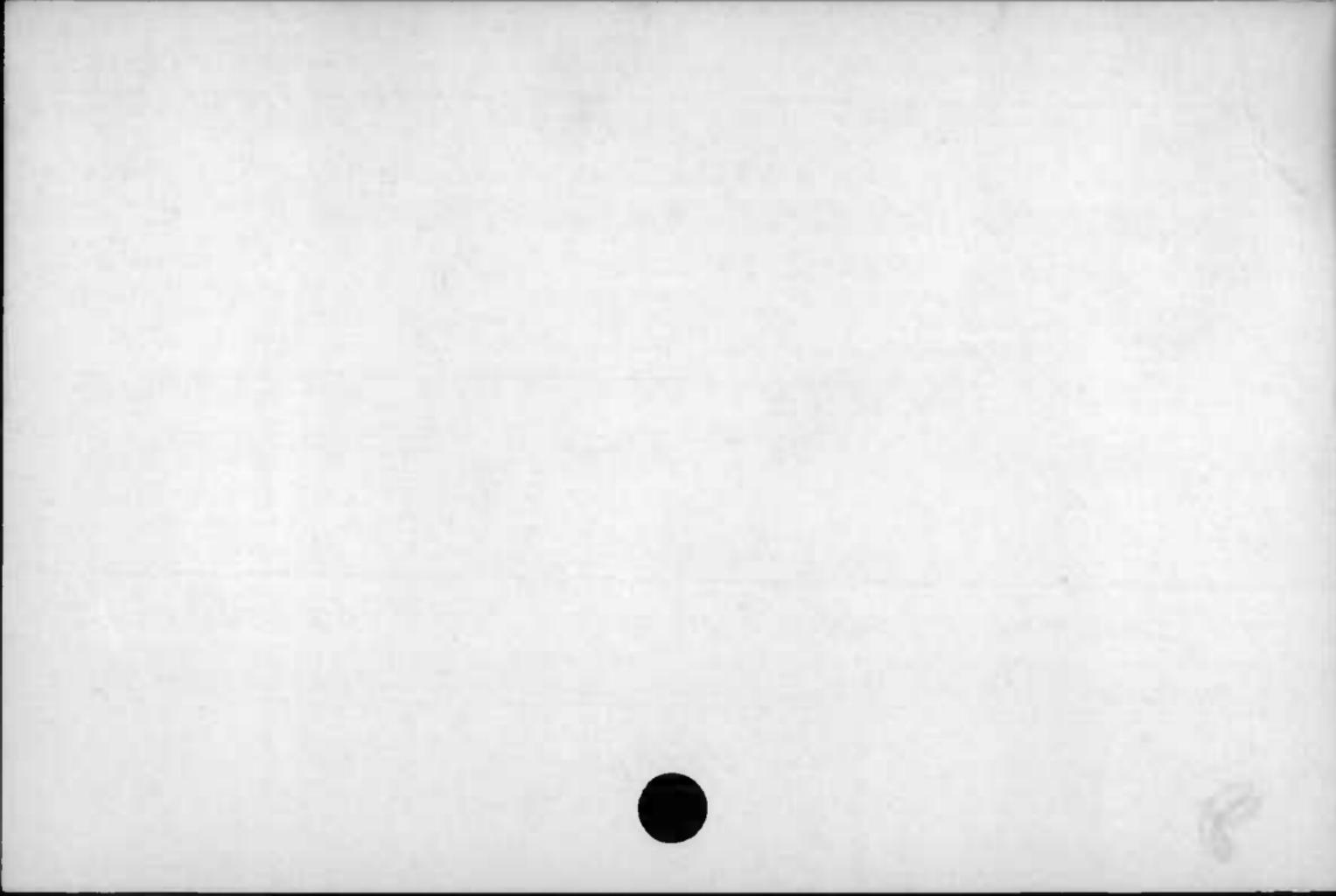
Immediate

Hemorrhage

Are the name, age, sex, color, date  
and place correctly given above?

Yes

8  
Accident or Suicide?



Name  
in  
Full

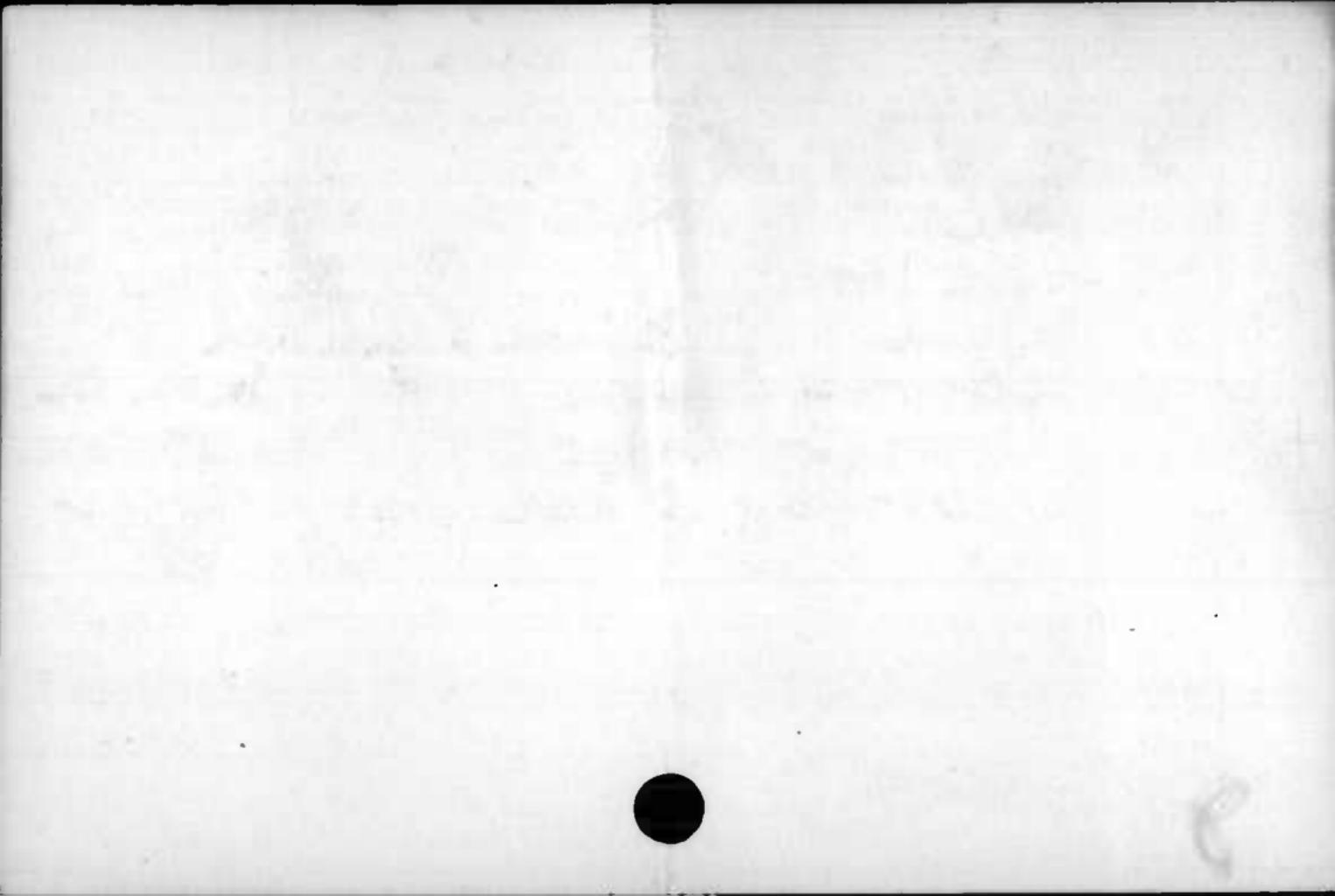
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		CERTIFICATE OF DEATH	
Date of death	1907	Month April	Day 25	Years —	Months 4 1/2	Days
Sex	male	Color or Race	colored	Birth-Place	Fairmount	
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	P. L.	
Father's Name	William Daniel Dixon			Mother's Birthplace	P. L.	
Mother's Maiden Name	Edith Frances			Name of person giving information	Physician	
Name of person giving information		W. W. Jones M. D.			How related to deceased	151
CAUSES OF DEATH						
Primary	Premature Birth					
Immediate	Delivery					
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. W. Jones M. D.		
			Address	Leawood Heights		

8

Accident or Suicide?



Name  
in  
Full

Charles Grandison Emack

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Bethelville	Town	County	MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White			
Occupation	Insurance Agt + Farmer			Where Residing if not at place of death	Parkton, Md.	
Married, Single or Widowed	Married	Name of Wife or Husband	Marion J. Emack			
Father's Name	Elbert	Emack	Father's Birthplace	Washington D.C.		
Mother's Maiden Name	Margaret Turner	Mother's Birthplace	Parkton, Md.			
Name of person giving information	Edward	Emack	How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Cancer of the Spine

45

Hours

about 18 months

How long

about 4 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

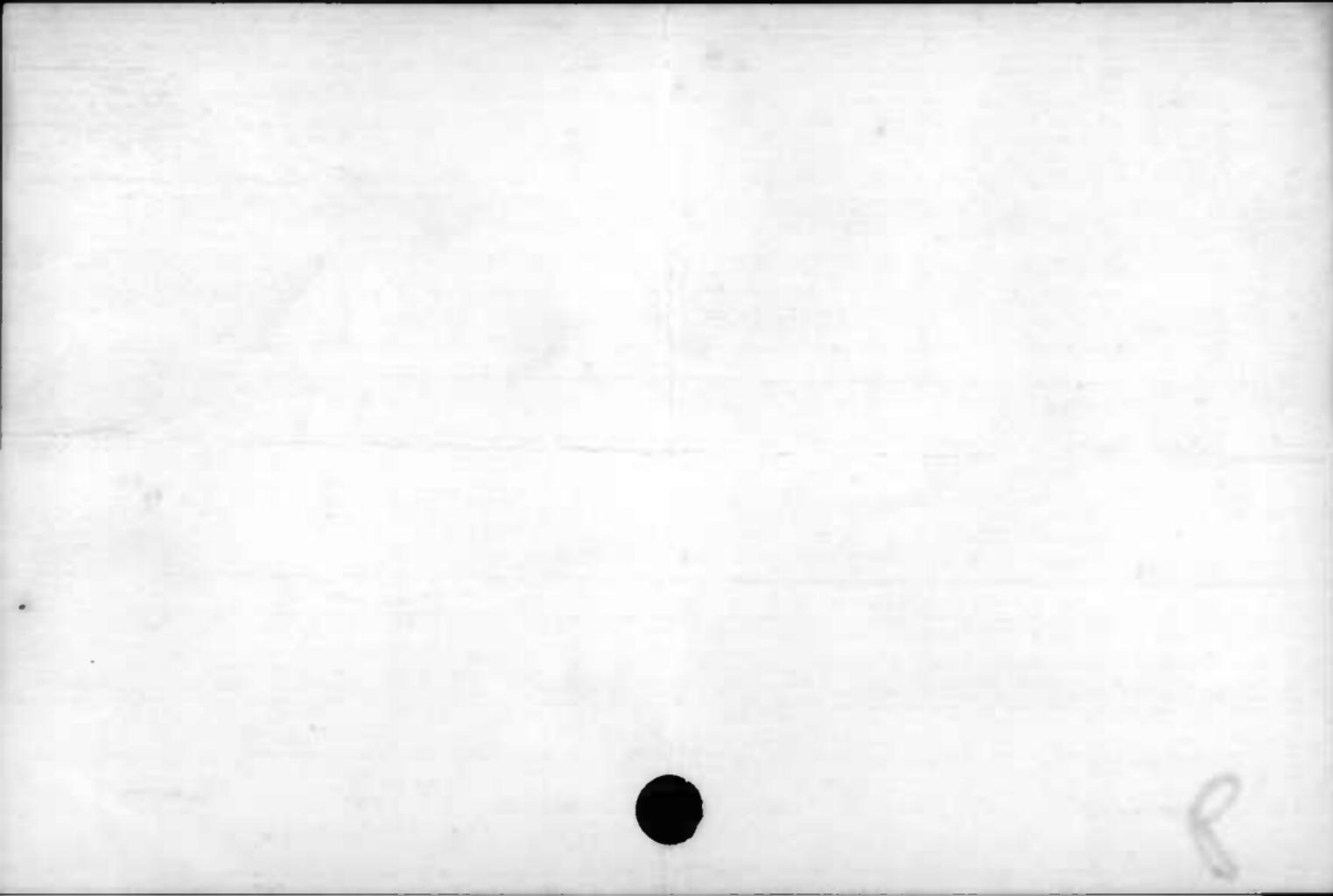
Address

C. A. Fox

Bethelville  
Md

Yes

Accident or Suicide?



Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month April	Day 18	Years	Months	Days
Sex	Female	Color or Race	as white	Birthplace	Maryland	
Occupation	House	Where Residing if not at place of death				
Married, Single Widowed	Name of Wife or Husband		T			
Father's Name	Thos B Foster		Md			
Mother's Maiden Name	Nellie English		Md			
Name of person giving information	Father		How related to deceased			

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Premature Birth

Immediate

Are the name, age, sex, color, date and place correctly given above?

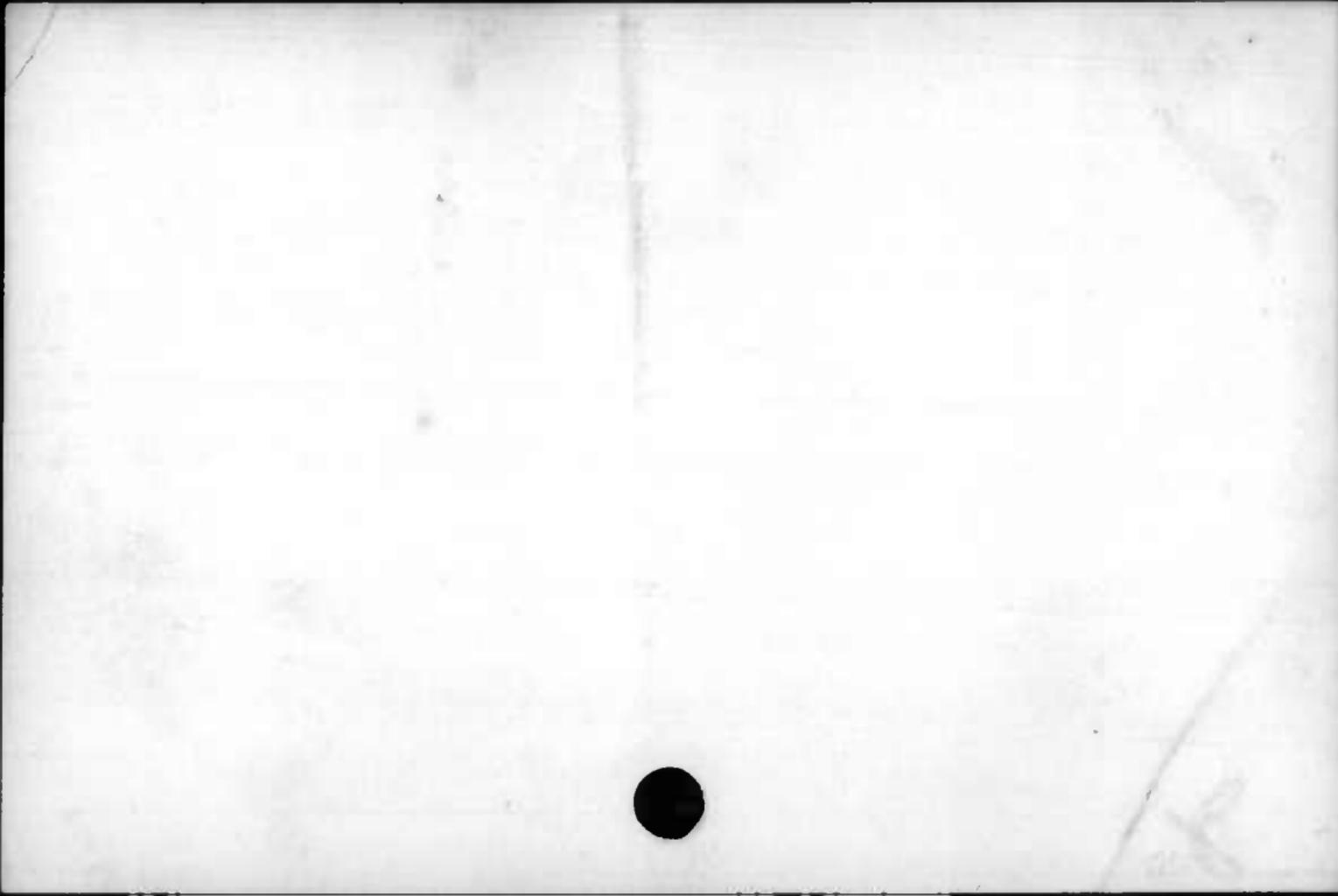
Signature of Physician

Address

J. C. Ohlendorf M.D.  
Brentwood  
Md.

J

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Christian Fritz						CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND			
Date of death	1907	Month April	Day 3rd	Age 70	Years	Months	Days	
Sex	Male	Color or Race	"White		Birth-place	Germany		
Occupation	Farmer		Where Residing if not at place of death					
Married, Single or Widowed	Widowed		Name of Wife or Husband		Katherine M. Fritz			
Father's Name	Christopher Fritz				Father's Birthplace	Germany		
Mother's Maiden Name	Bodner				Mother's Birthplace	Germany		
Name of person giving information	Christian Fritz				How related to deceased	Son of		

CAUSES OF DEATH

125

Primary

Bladder trouble.

3 mo.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

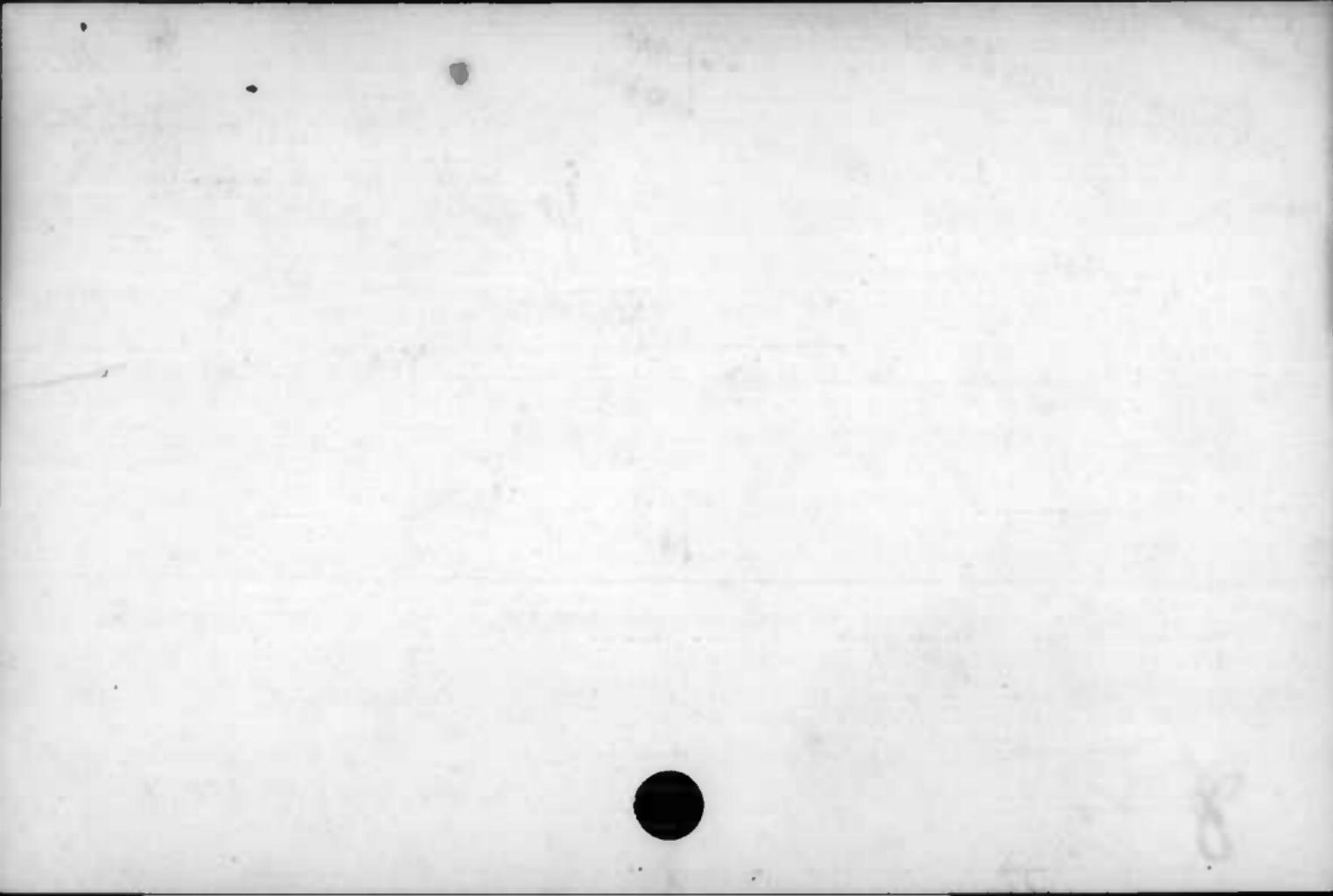
Signature of Physician

Address

John E. Sanebury Jr.  
Forestville  
Md.

8  
Accident or Suicide?

Neither.



Name  
in  
Full

Myrtle Adelle Fuller.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Apr	7	22	6	20
Sex	Female	Color or Race	Birth-place		
Occupation	Housewife		Brooklyn-Wis.		
Married, Single or Widowed	Single		Where Residing if not at place of death		
Father's Name	Joseph W. Fuller		Father's Birthplace		
Mother's Maiden Name	Martha S. Sherman		Mother's Birthplace		
Name of person giving information	Clyde. Fuller		How related to deceased		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

Having

2 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr R. C. Harley

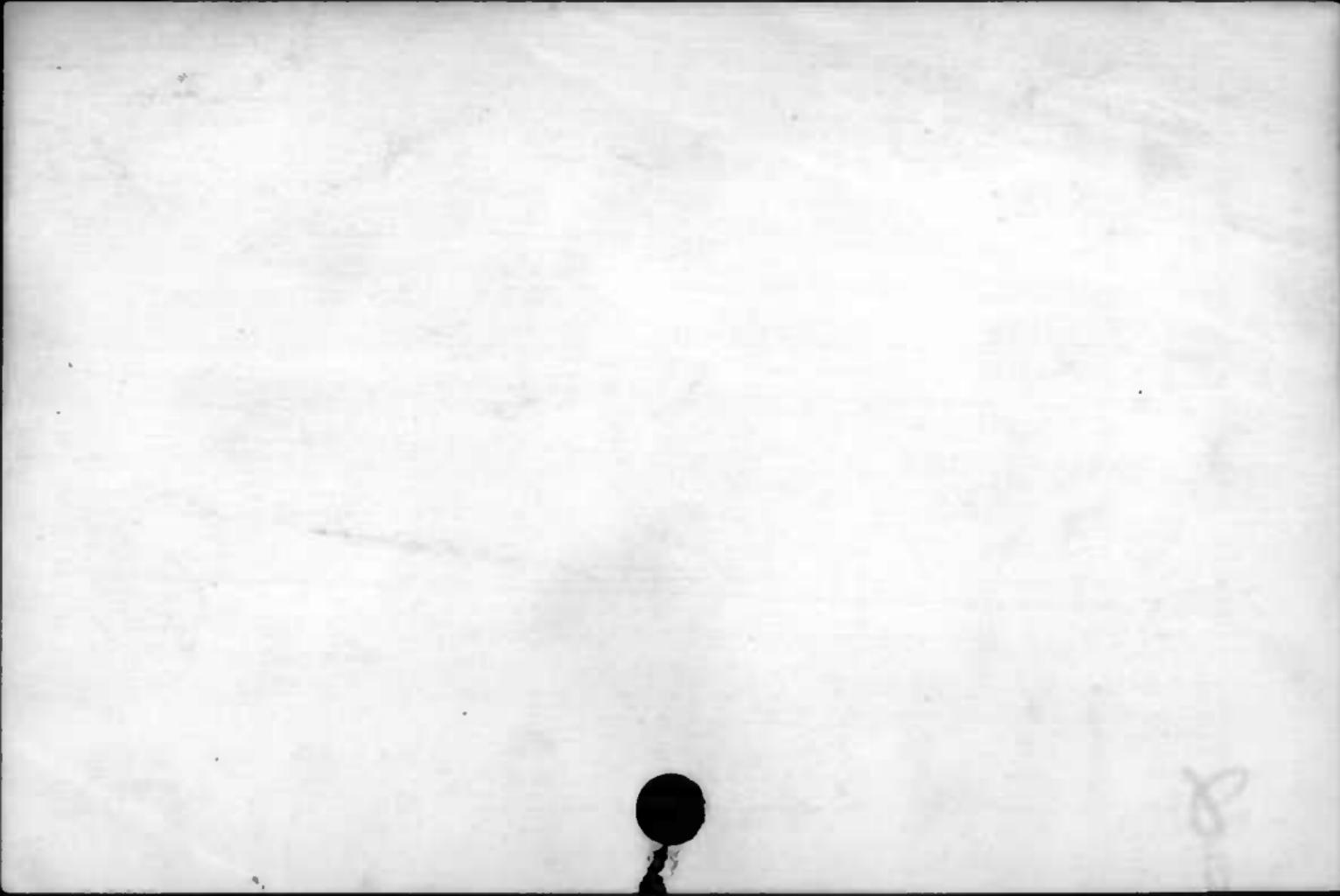
Address

Laney. Md.

8

Accident or Suicide?

neither

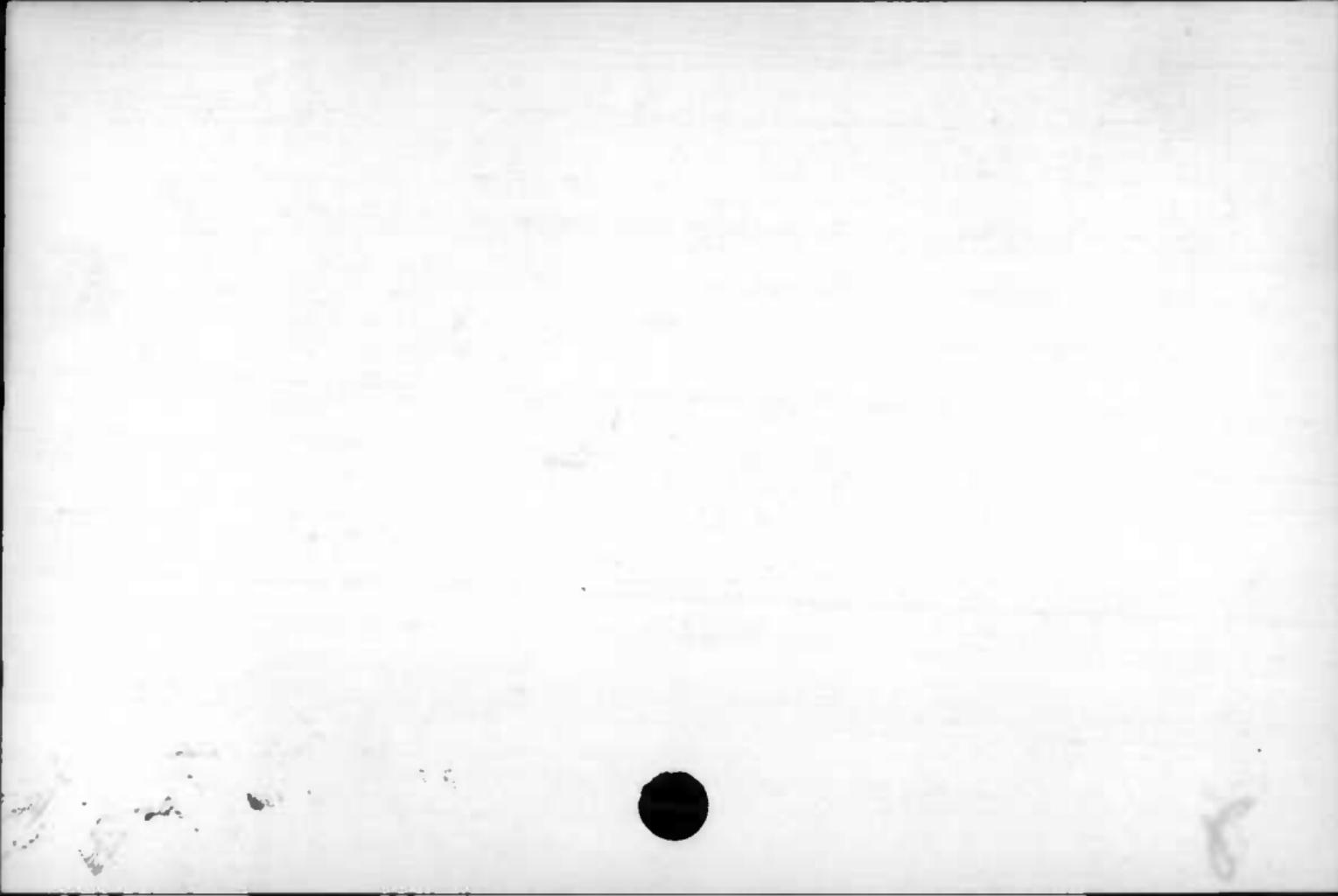


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John William Galloway					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1907	Month 4	Day 12	Age	Years	Months 2	Days 21
Sex	Male		Color or Race	Colored		Birth-place	Md
Occupation	House		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace	
Benj. Galloway		Chaity Gafford		Benj. Galloway		Plowmd	
Mother's Maiden Name		Name of person giving information		How related to deceased		Mother's Birthplace	
Chaity Gafford		Benj. Galloway		Father		" " "	
CAUSES OF DEATH							
Primary				150			
Congenital Deformities				How long			
Immediate				21 days			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Reverend Jascon	
				Address		Upper Marlboro	
J				Md			
Accident or Suicide?							



Name  
in  
Full

Annie Gant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Unknown			
Mother's Maiden Name	Unknown			
Name of person giving information	John R. Johnson			
CAUSES OF DEATH				
Primary	Bright's Disease			
Immediate				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	
		Address		

120

How long

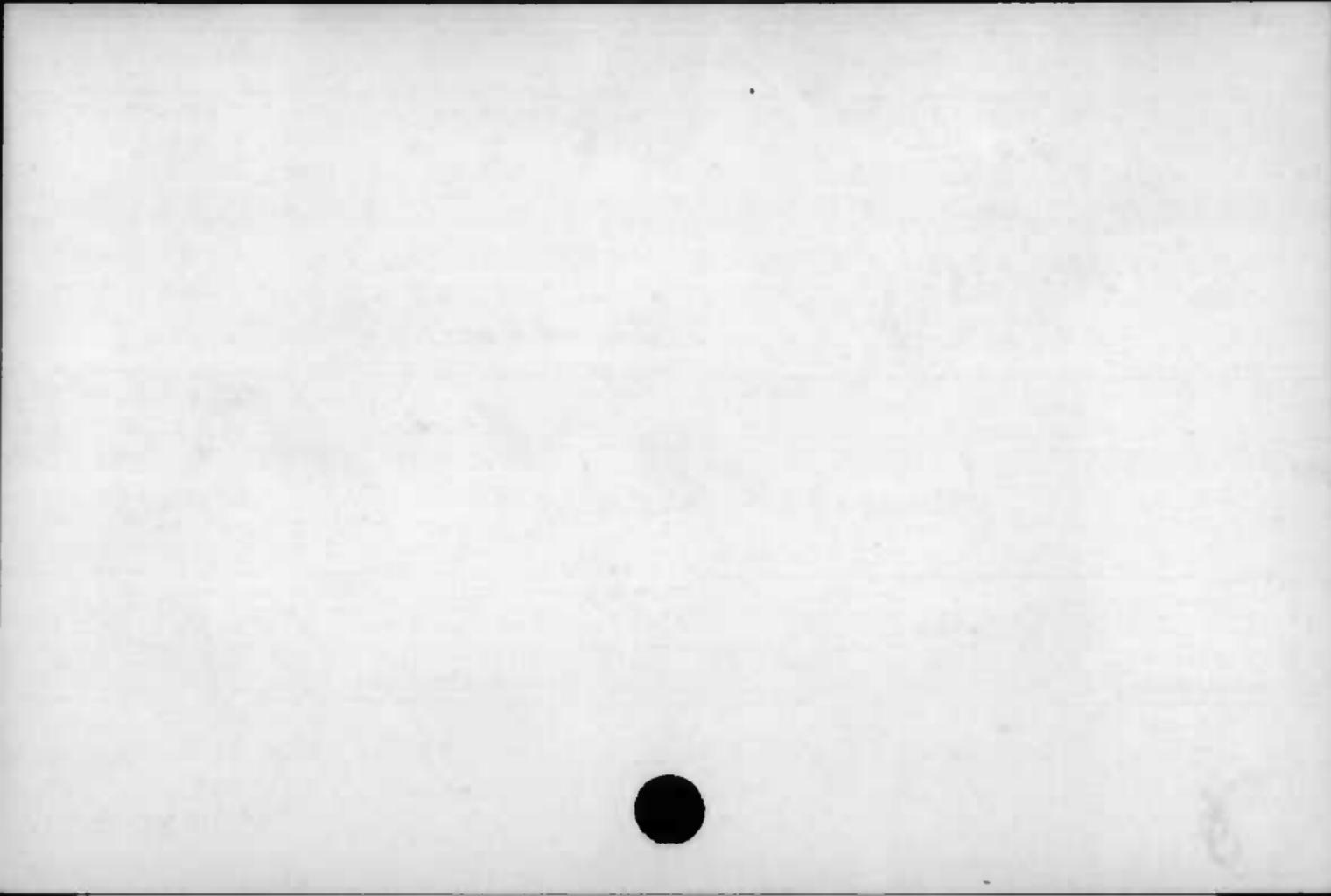
How long

PHYSICIAN  
OR CORONER

8

Accident or Suicide?

W. H. Gibbons  
Crown and



Name  
in  
Full

Laura James

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>near Marlboro</u>		Town	<u>Dr. Geo.</u> County		MARYLAND	
Date of death	<u>1907 apr</u>	Month	6 Day	Years	Months	Days
Age	<u>45</u>		Color or Race	<u>white</u>		
Sex	<u>Female</u>		Occupation	<u>Housewife</u>		
Married, Single or Widowed		Name of Wife or Husband		Where Residing if not at place of death		
<u>Married</u>		<u>James H. James</u>		<u>Chas Co. Md</u>		
Father's Name		<u>Thomas Farrel</u>		Father's Birthplace	<u>Chas Co. Md</u>	
Mother's Maiden Name		<u>Naugy</u>		Mother's Birthplace	<u>Chas Co. Md</u>	
Name of person giving information		<u>James A. James</u>		How related to deceased	<u>son</u>	

CAUSES OF DEATH

Primary

Dysentery

(14)

How long

1 w

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

I think so

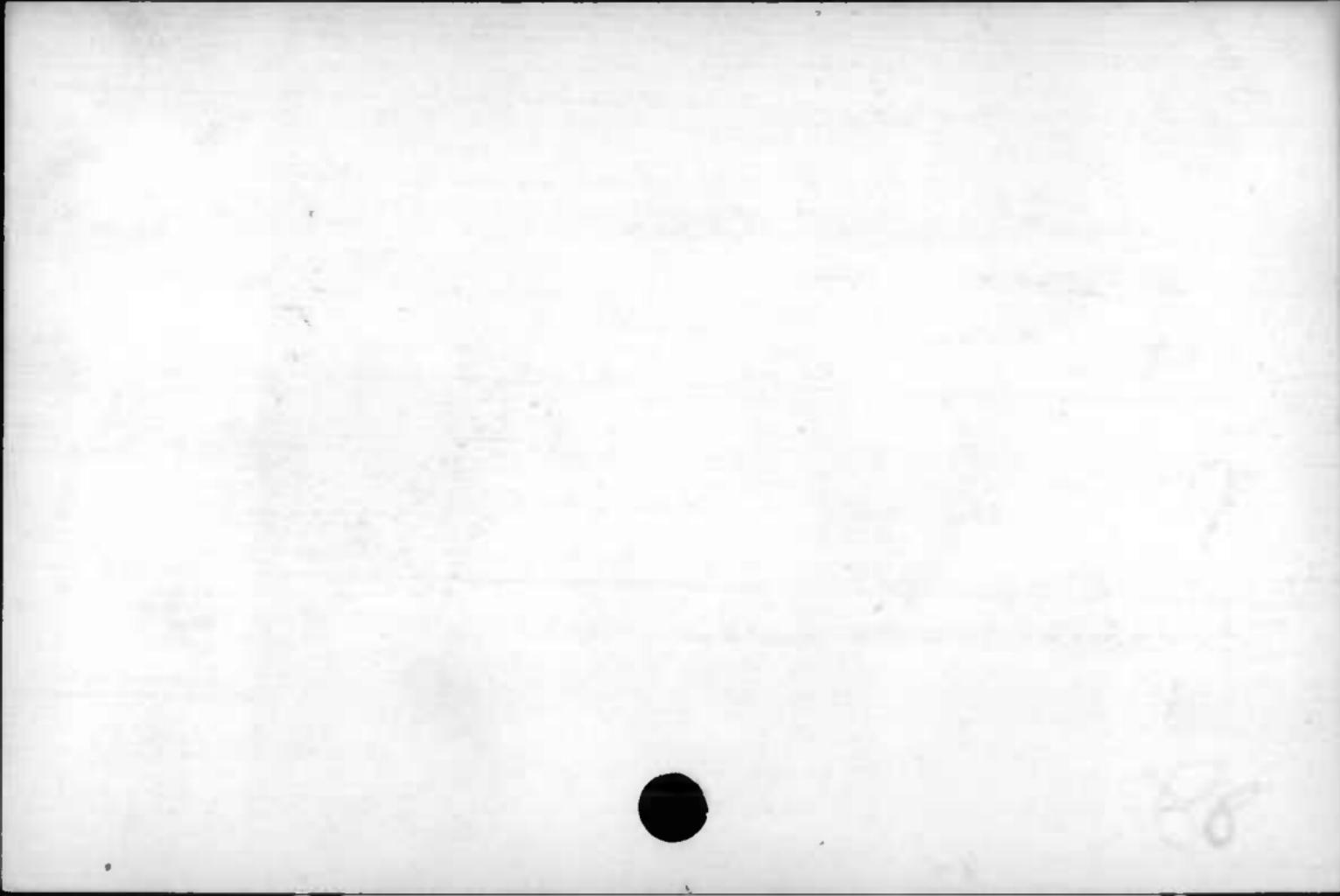
Signature of Physician

L. W. Griffeth

Address

Upper Marlboro, Md

Accident or Suicide?



To BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town <i>J. J. Miller</i>	County <i>Pr. Co.</i>		MARYLAND		
Date of death	Month	Day	Years	Months		Days	
1907	April	15	8	-		-	
Sex	Color or Race	Birth-Place					
Male	Black	South Carolina					
Occupation	Where Residing if not at place of death <i>at home</i>						
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	Father's Birthplace						
<i>Harley Miller</i>	<i>Don't know</i>						
Mother's Maiden Name	Mother's Birthplace						
<i>Rosie Miller</i>	<i>South Carolina</i>						
Name of person giving information	How related to deceased						
<i>Bru Miller</i>	<i>Grand father</i>						

## CAUSES OF DEATH

61

How long

How long

Primary

*terebrospered meningitis*

9 day 6.

Immediate

Are the name, age, sex, color, date and place correctly given above?

*J*

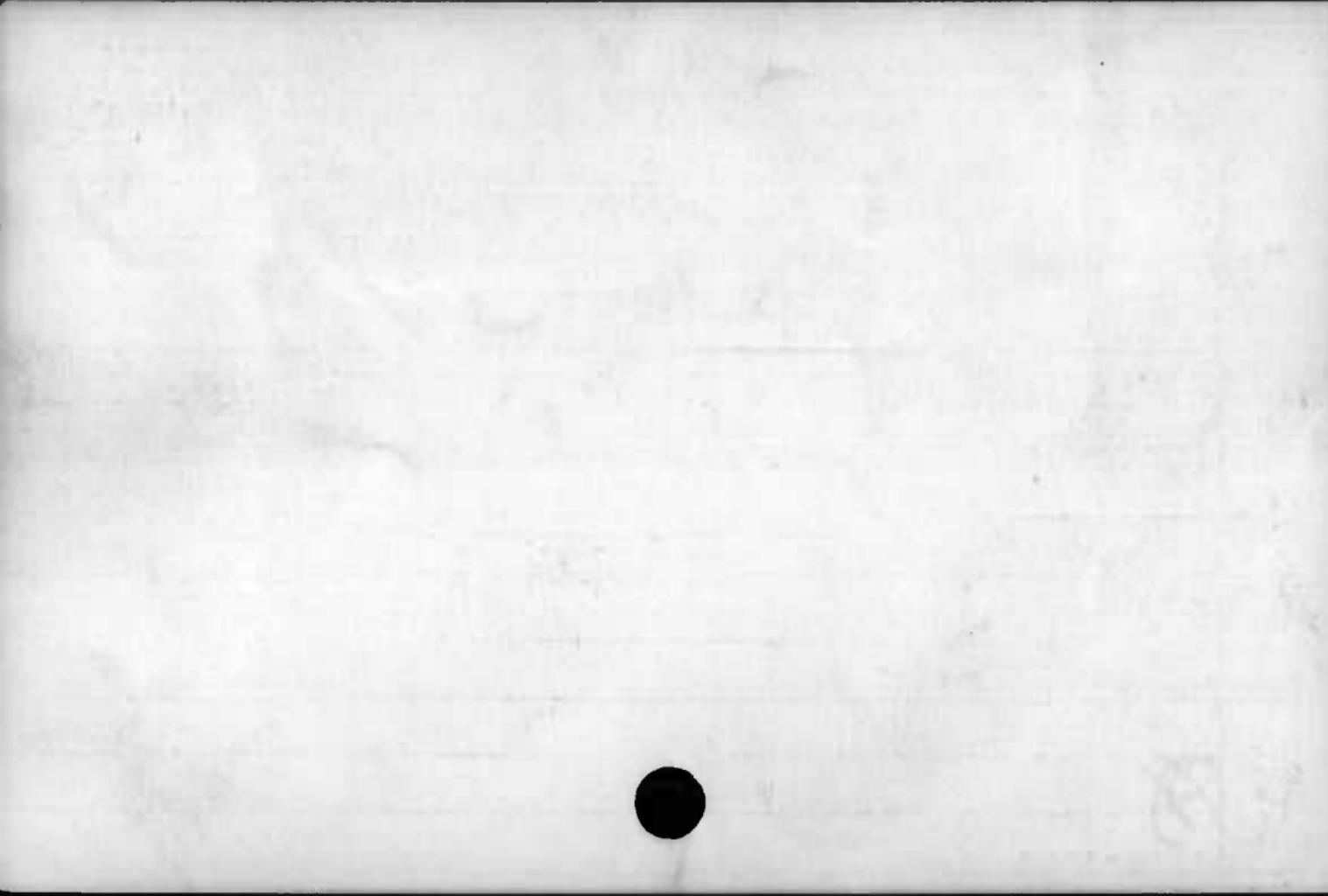
Signature of Physician

Address

*J. J. Miller*  
*Tyrantville Md*

Accident or Suicide?

*No*



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Jeremiah Gladden				CERTIFICATE OF DEATH			
Died at		Town	Piscataway	County		Pr. Geo.	
Date of death	1907	Month	April	Day	9	Years	47
Age		Months	—	Days	—		
Sex	male	Color or Race	colored	Birth-place	Pr. Geo. Co. Ind		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			Emma Blair			
Father's Name	Jerry Gladden			Pr. Geo. Co. Md			
Mother's Maiden Name	Elisia Butler			Charles Co. Md			
Name of person giving information	Edmund Gladden			How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption.

27

How long

3 yrs.

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

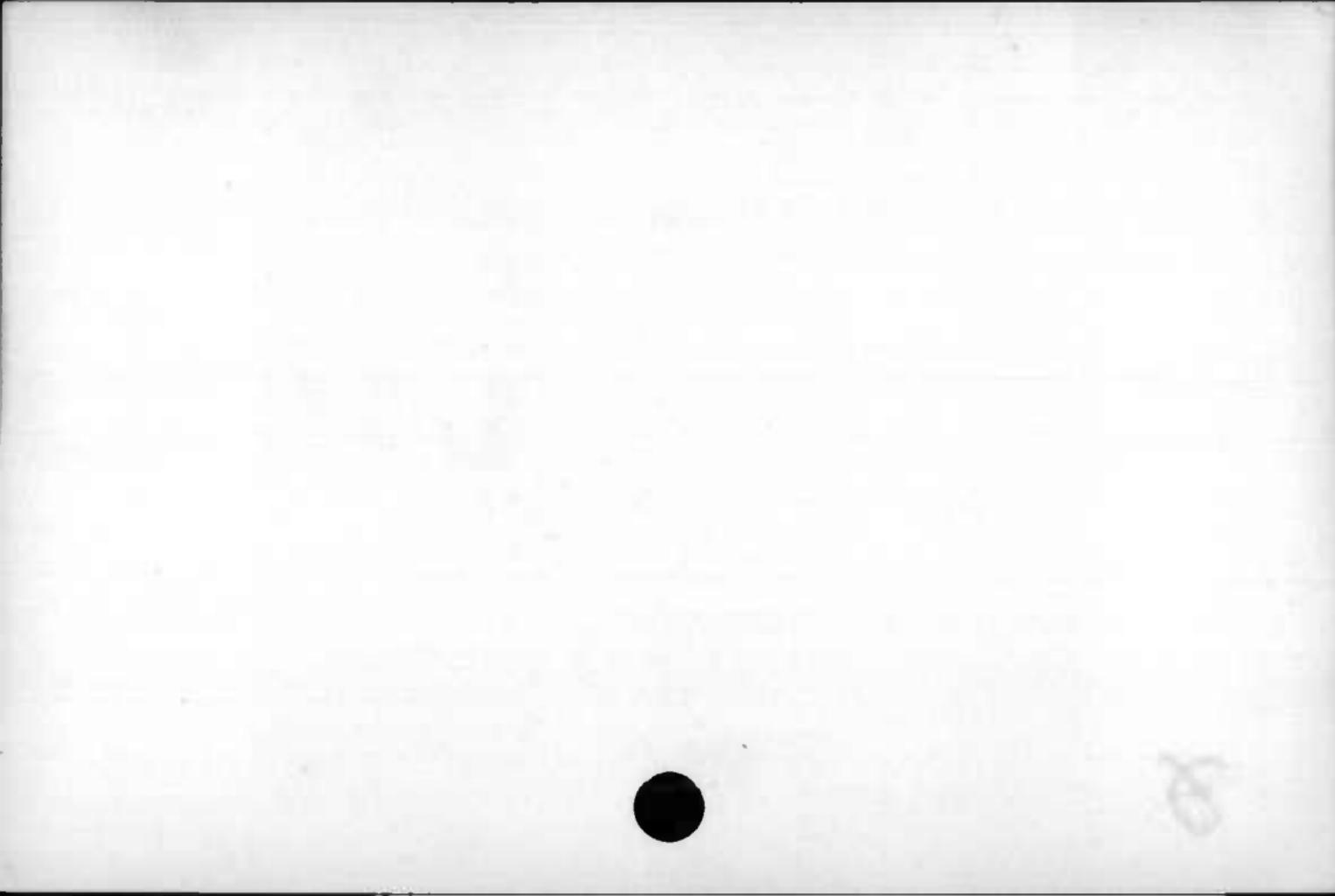
Address

E. D. Hurtt, M.D.

Piscataway,  
Md.

Accident or Suicide?





Name  
in  
Full

Charles Hall.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at **Town** County **P.G.**  
**County Almshouse**

MARYLAND

Date Month Day Years Months Days  
of death 1907 4 20 100. — —

Sex **Male** Color or Race **Colored** Birth-place **a. a. colored,**

Occupation **None** Where Residing if not  
at place of death

Married, Single or Widowed **Single** Name of Wife or Husband **—**

Father's Name **Hall** Father's Birthplace **a. a. colored,**

Mother's Maiden Name **unknown** Mother's Birthplace **unknown**

Name of person giving Information **Samuel Allwright** How related to deceased **none**

CAUSES OF DEATH

Primary **old age**

154 How long **one week**

Immediate

How long **one week**

Are the name, age, sex, color, date and place correctly given above? **yes**

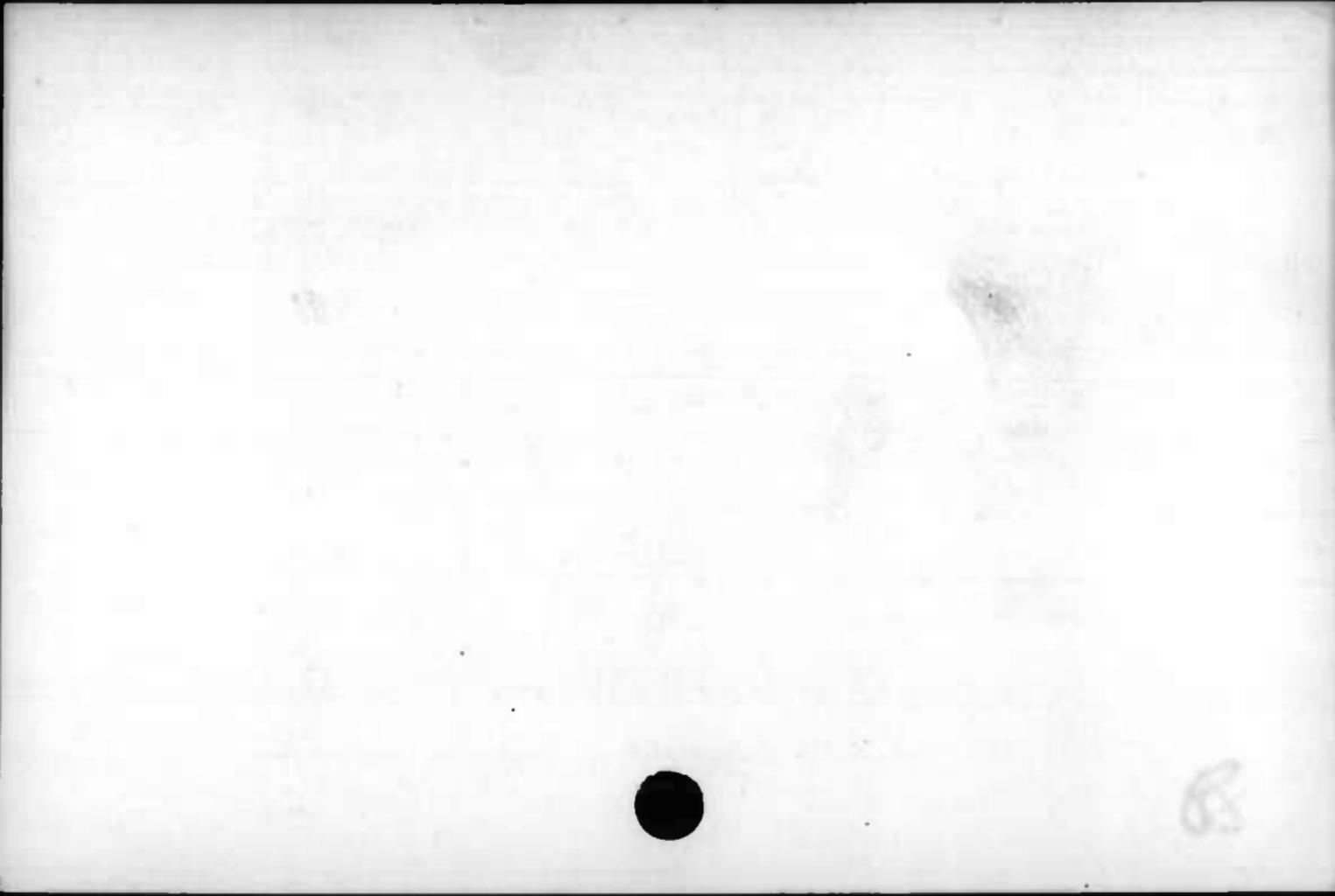
Signature of Physician

Address

**J. E. Sarsbury M.D.**  
**Forestville**  
**Baltimore**  
**Md.**

PHYSICIAN  
OR CORONER

8  
Accident or Suicide? **neither**



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<b>Mary Elizabeth Harrison</b>				CERTIFICATE OF DEATH		
Died at <b>Hyattsville</b>		Town	County	MARYLAND		
Date of death <b>1907</b>	Month <b>April</b>	Day <b>7</b>	Age <b>3</b> Years	3 Months	Days	
Sex <b>Female</b>	Color or Race <b>Black</b>	Birth-place <b>Hyattsville Md</b>				
Occupation <b>Infant</b>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <b>Peter Harrison</b>	Father's Birthplace <b>Md</b>					
Mother's Maiden Name <b>Mary Harrison</b>	Mother's Birthplace <b>Va</b>					
Name of person giving Information <b>Father Peter Harrison</b>	How related <b>Father</b>					

CAUSES OF DEATH

Primary

**Premature birth**

**151**

How long

**Since birth**

Immediate

**Myxomatosis**

How long

**Three days**

Are the name, age, sex, color, date and place correctly given above?

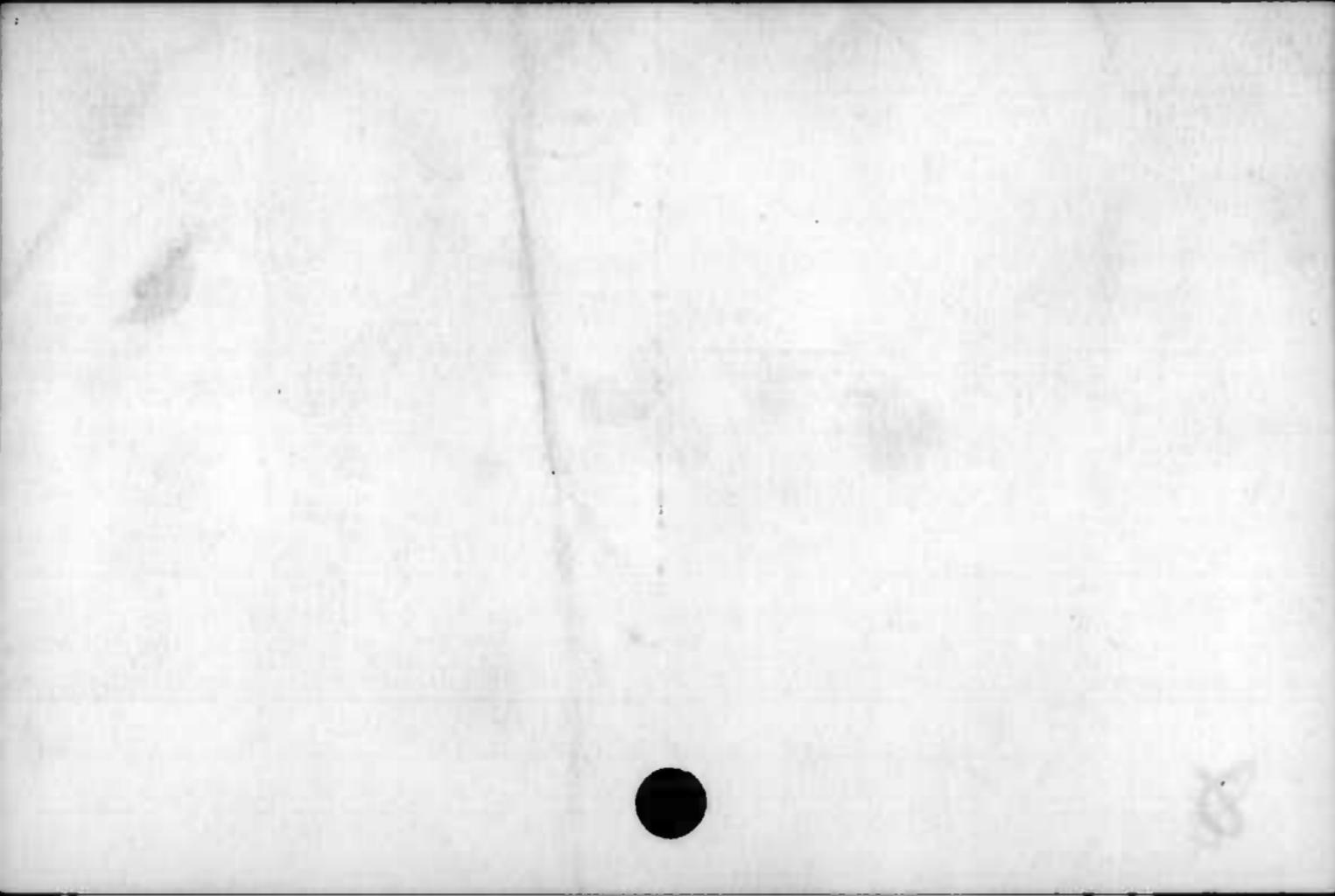
Signature of Physician

Address

**C W Birdsall et al  
Hyattsville  
Md**

**Yes,**

Accident or Suicide?



Name  
in  
Full

Rachel Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Upper Marlboro</u>		Town	2. P. J.		MARYLAND	
Date of death <u>1907</u>	Month <u>4</u>	Day <u>20</u>	Age <u>96</u>	Years <u>96</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>P. H. 20 recd</u>			
Occupation <u>Unknown</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widow</u>	Name of <del>Widow</del> Husband <u>Ridaw</u>	Father's Birthplace <u>Don't Know</u>		Mother's Birthplace <u>Don't Know</u>		
Father's Name <u>Don't Know</u>	Mother's Maiden Name <u>"</u>		How related to deceased <u>Son-in-law</u>			
Name of person giving information <u>Andrew X. Simmons</u>	CAUSES OF DEATH		How long <u>179</u>			

PHYSICIAN  
OR CORONER

Primary Don't Know

Immediate "

Are the name, age, sex, color, date and place correctly given above?

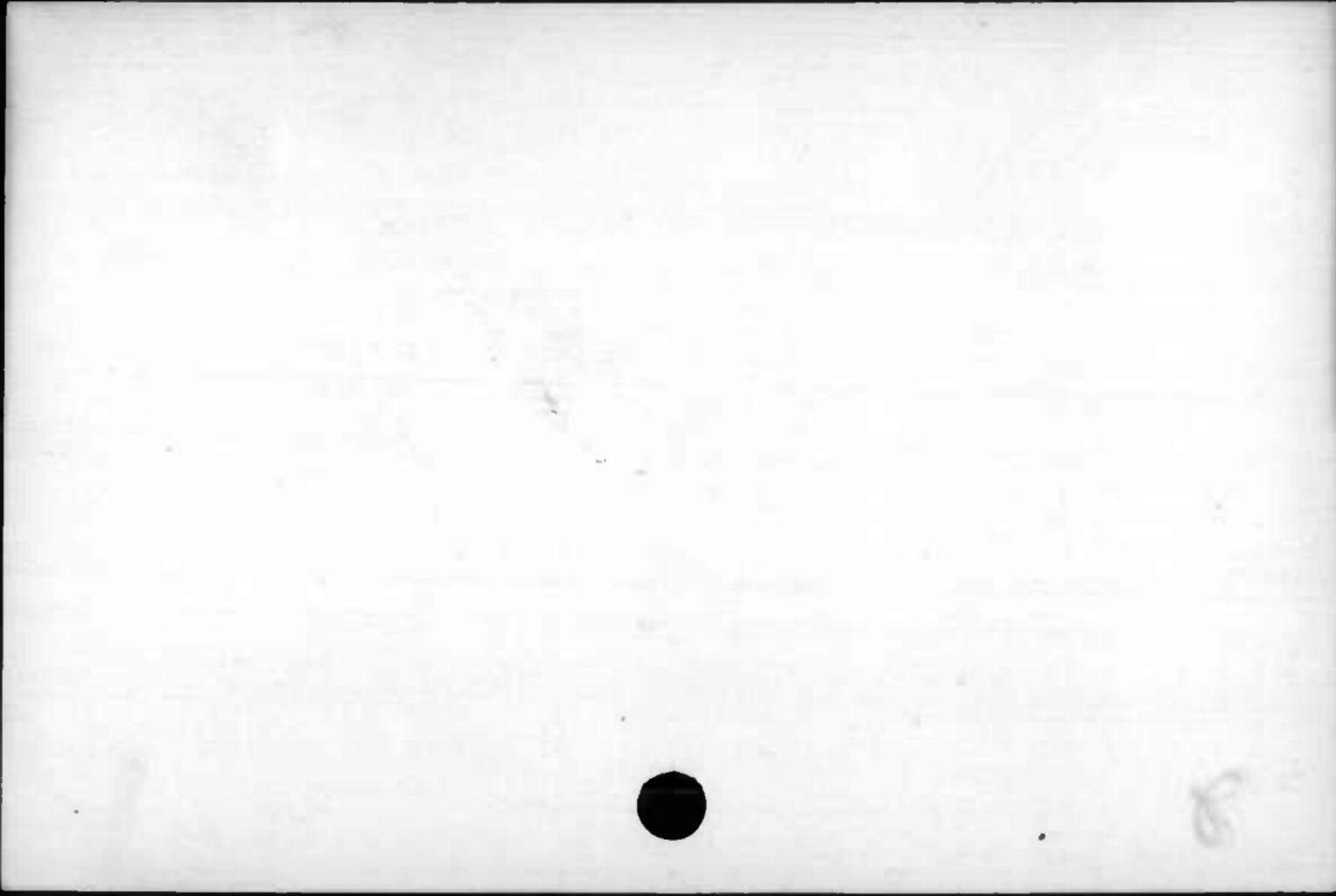
Yes

Signature of Physician

R. E. New Smith, M. D. Registered  
Upper Marlboro, Md.

Address

8  
Accident or Suicide?



Name  
in  
Full

Horace Hasle

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at Bowie	Prince George				
Date of death 1907	Month April	Day 7	Years 43	Months	Days
Sex male	Color or Race Colored	Birth-place June Atanidee			
Occupation Labor	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband	Don't Know			
Father's Name Don't Know	Father's Birthplace Washington				
Mother's Maiden Name Don't Know	Mother's Birthplace Unknown				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

176

Primary Fractured skull caused by blow.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Joseph W. Nichols  
Baltimore

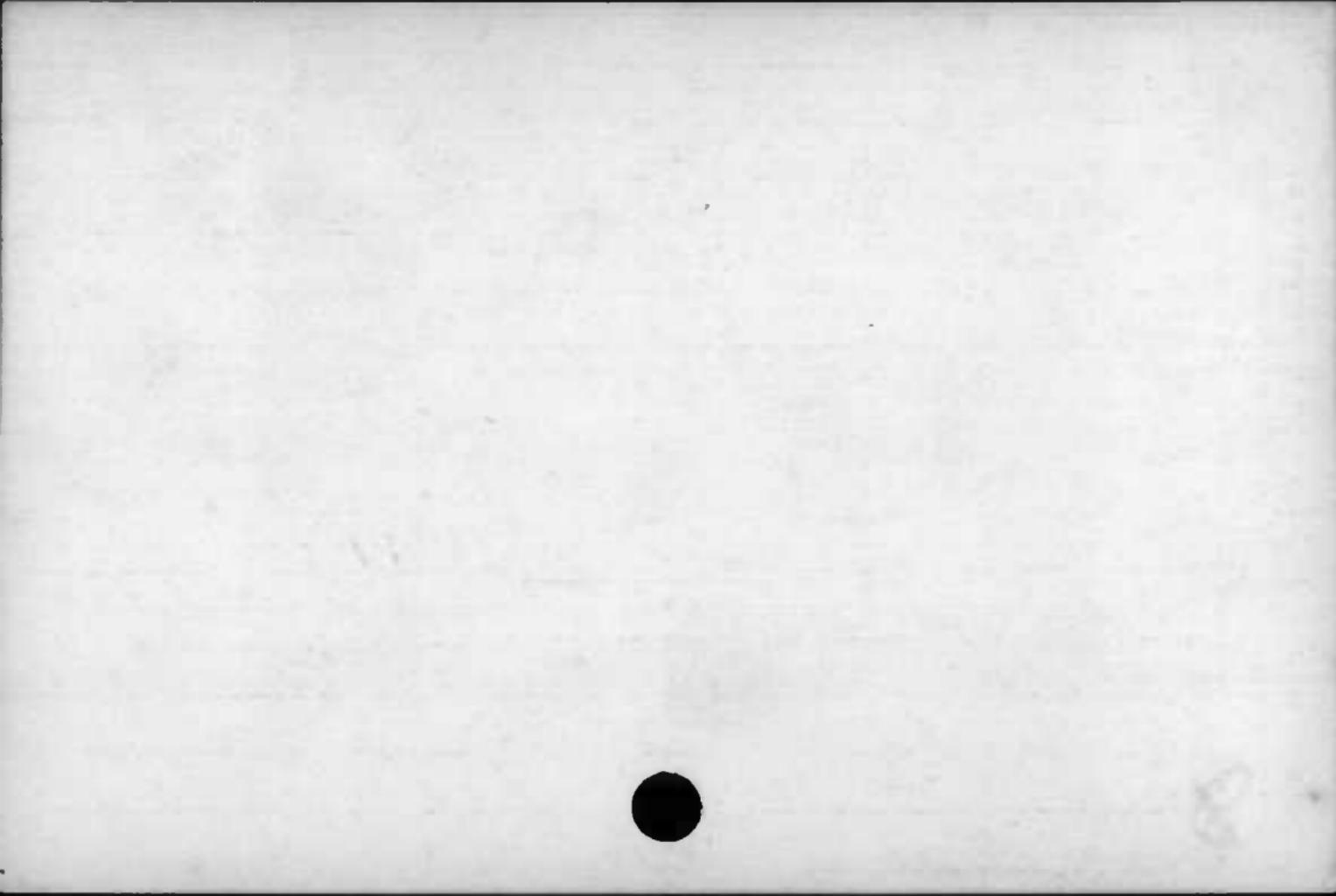
Bowie, Md

PHYSICIAN  
OR CORONER

8

Accident or Suicide?

Murder

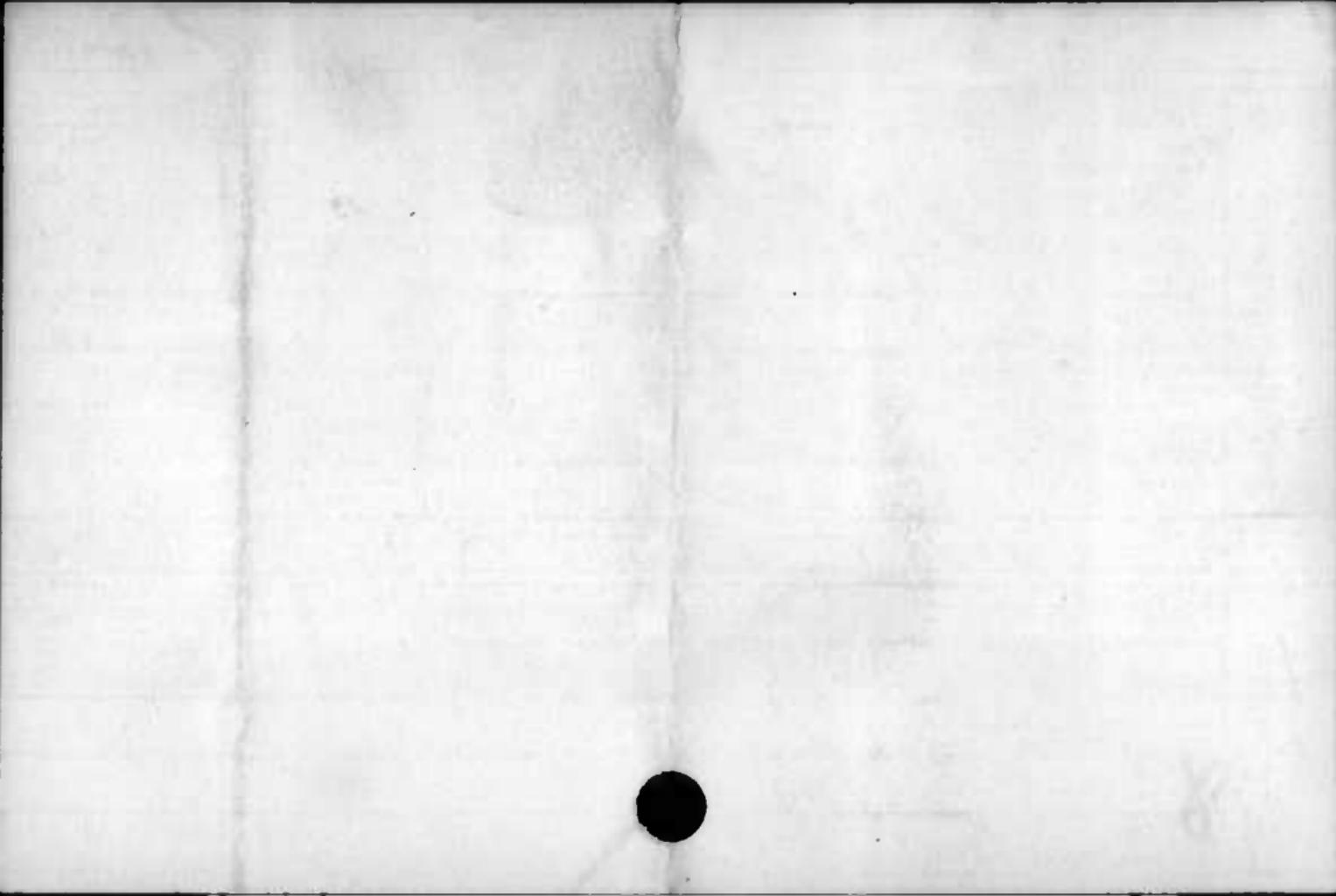


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<p>Hazard Berwyn, Md</p>				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1907	Month Sept	Day 7	Years —	Months —	Days —
Sex	Male	Color or Race	White	Birth-place	Berwyn, Md	
Occupation	None			Where Residing if not at place of death	—	
Married, Single or Widowed	—			Name of Wife or Husband	—	
Father's Name	J. Robert Hazard			Father's Birthplace	Wash DC	
Mother's Maiden Name	Jeanette W. Smith			Mother's Birthplace	Wash DC	
Name of person giving information	J. R. Hazard			How related to deceased	Father	
CAUSES OF DEATH						
Primary	Sick - born			How long	8	
Immediate				How long		
Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	A. Ottman	
				Address	Berwyn, Md	
Accident or Suicide?						



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charles H. Hutchinson

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	April	23 <sup>rd</sup>	Age 65	-	-
Sex	Color or Race	Birth-place	Va.		
Male	"White				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Mary Hutchinson		
Married	John Hutchinson		Father's Birthplace	Va.	
Father's Name	John Hutchinson		Mother's Birthplace	Va.	
Mother's Maiden Name	Harrison		How related to deceased	Son.	
Name of person giving information	Edward M. Hutchinson				

CAUSES OF DEATH

79

Primary

Heart Trouble.

How long

3 wks.

Immediate

neuralgic heart.

How long

2 yrs.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

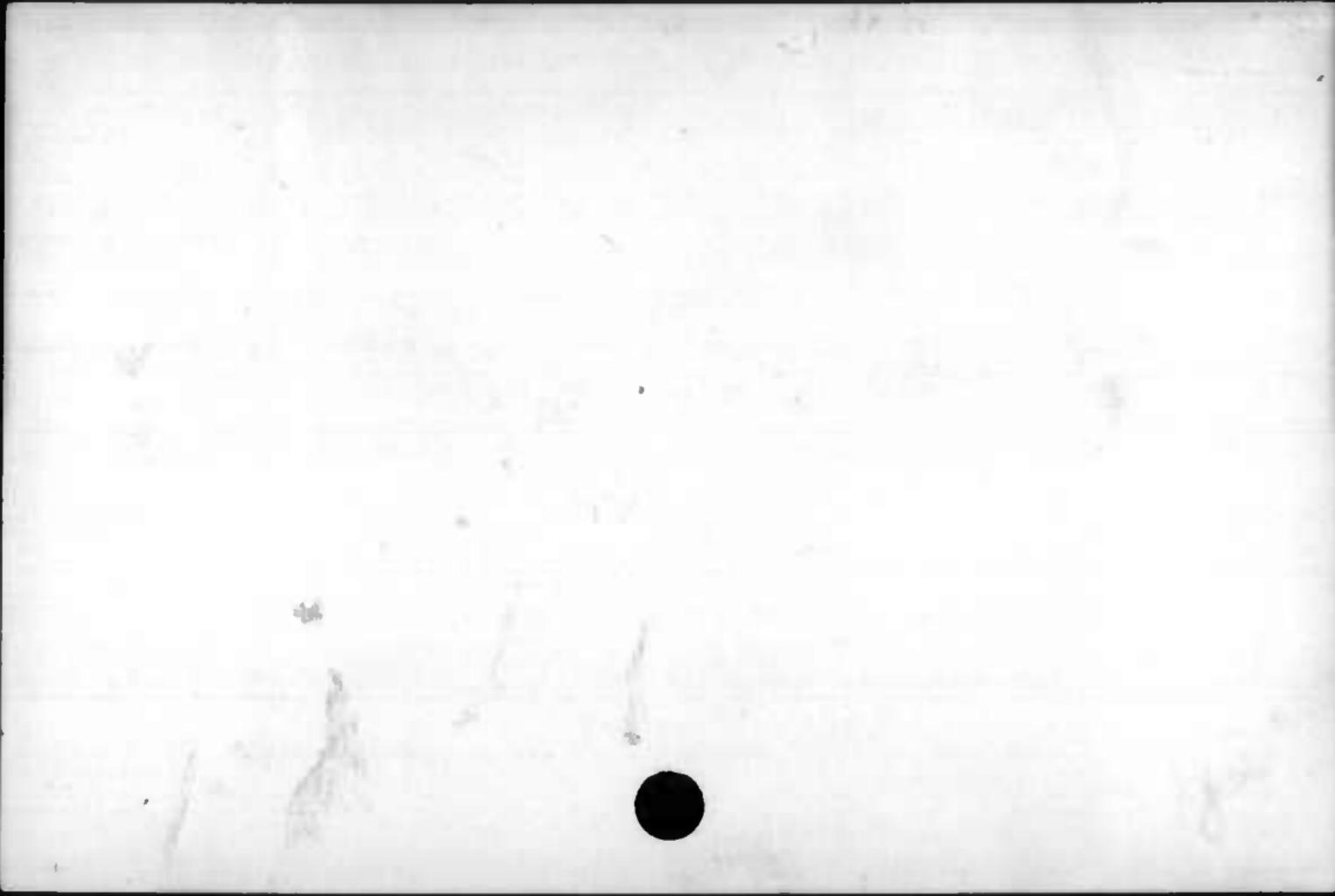
Address

John C. Samsbury M.D.

Forestville Md.

Accident or Suicide?

Neither



Name  
In  
Full

Mary Hutchinson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Forrestville</u> Town		County <u>Prince George</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>4</u>	Day <u>28</u>	Age <u>35</u>	Years	Months <u>1</u> Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Oaks Md.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>widow</u>	Name of Husband <u>Charles Hutchinson</u>	Father's Birthplace <u>Oaks Md.</u>			
Father's Name <u>Luke Windsor</u>	Mother's Birthplace <u>Oaks Md.</u>				
Mother's Maiden Name <u>Elijah Edeline</u>	How related to deceased <u>Son</u>				
Name of person giving information <u>Edward Hutchinson</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cancer of the liver</u>	40	How long <u>2 yrs.</u>
Immediate <u>Asthma</u>	1 week	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John E. Sauskamp</u>	
<u>yes</u>	Address <u>Forrestville</u>	
8	<u>Oaks Md.</u>	
Accident or Suicide? <u>neither</u>	LIBRARY BUREAU ADDRESS	

Scots

Forestville

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

John Thomas Brown				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death 1907	Month apr.	Day 14 <sup>th</sup>	Years 5 hours	Months	Days		
Sex male	Color or Race white	Birth-place Laurel				at place of death.	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Frank Dwyer			Father's Birthplace	New York		
Mother's Maiden Name	Lucia Tagall			Mother's Birthplace	Failure		
Name of person giving information	J. H. Dwyer			How related to deceased	Not at all		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Unknown	85	How long	5 hours.
Immediate	Hemorrhage from nose.		How long	above
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. H. Dwyer
			Address	Laurel Md
8				
Accident or Suicide?				

Fisher & Thair  
int. Lawiel

Name  
in  
Full

Milly Loura Lancaster

CERTIFICATE OF DEATH

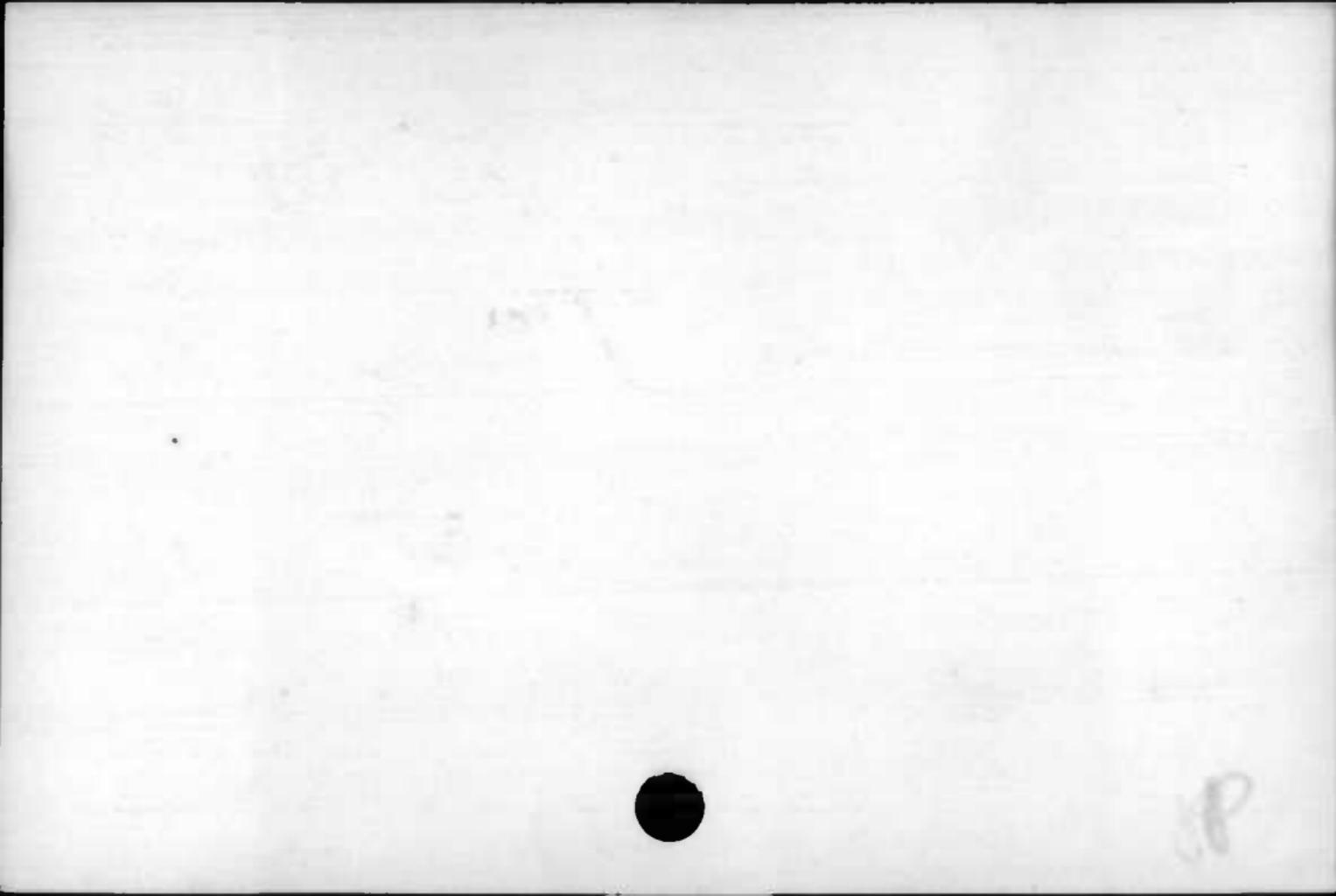
To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Piscataway	Pls.				
Date of death	1907	Month	4	Day	Years	16	Months
Sex	female	Color or Race	Colored		Birth-place	Md	Days
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Dominic Lancaster		✓ Father's Birthplace Md				
Mother's Maiden Name	Mary V. Jones		Mother's Birthplace Md				
Name of person giving information	Dominic Lancaster		How related to deceased father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis		71	How long	Week
Immediate	Convulsions			How long	an hour
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	John A. Cox
			Address	213.	
Accident or Suicide? No					



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Kelvin Josephine Lee Gouverneur  
Town \_\_\_\_\_ County \_\_\_\_\_

CERTIFICATE OF DEATH

MARYLAND

Died at Lanover Md. P. George  
Date of death 1907 Month April Day 7 Age \_\_\_\_\_  
Sex Female Color or Race White  
Occupation Infant Birth-place Md

Where Residing if not  
at place of death Lanover

Married, Single  
or Widowed Single Name of Wife or  
Husband

Father's Name Edward Lee Gouverneur

Father's Birthplace N.Y.

Mother's Maiden Name Valley

Mother's Birthplace Md

Name of person giving information Edward Lee Gouverneur

How related  
to deceased Father

CAUSES OF DEATH

71

Primary

Convulsions

How long

14 hours

Immediate

Exhaustion

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

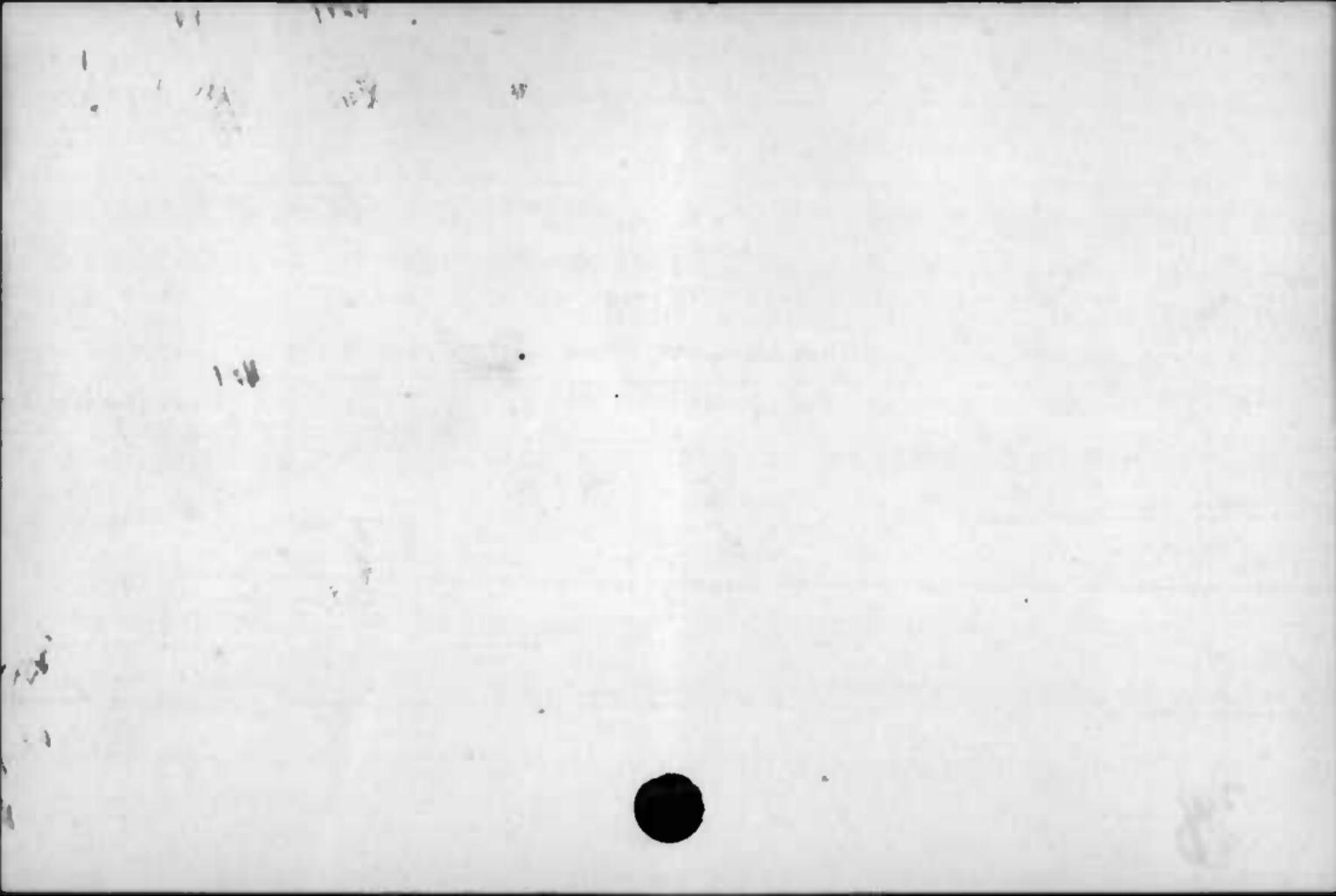
Signature of  
Physician

Address

L. S. Bragg  
Baltimore, Md.

8

Accident or Suicide?



Name  
in  
Full

Thomas Mason

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month 4	Day 16	Years 67	Months	Days
Sex	Male	Color or Race	Colored		Md	
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Ann Mason		Md	
Father's Name	Abraham Mason					
Mother's Maiden Name	Stephens					
Name of person giving Information	George Cole				Stephens	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Nephritis & complications

120

How long

2 years

Immediate

Coron a

24 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

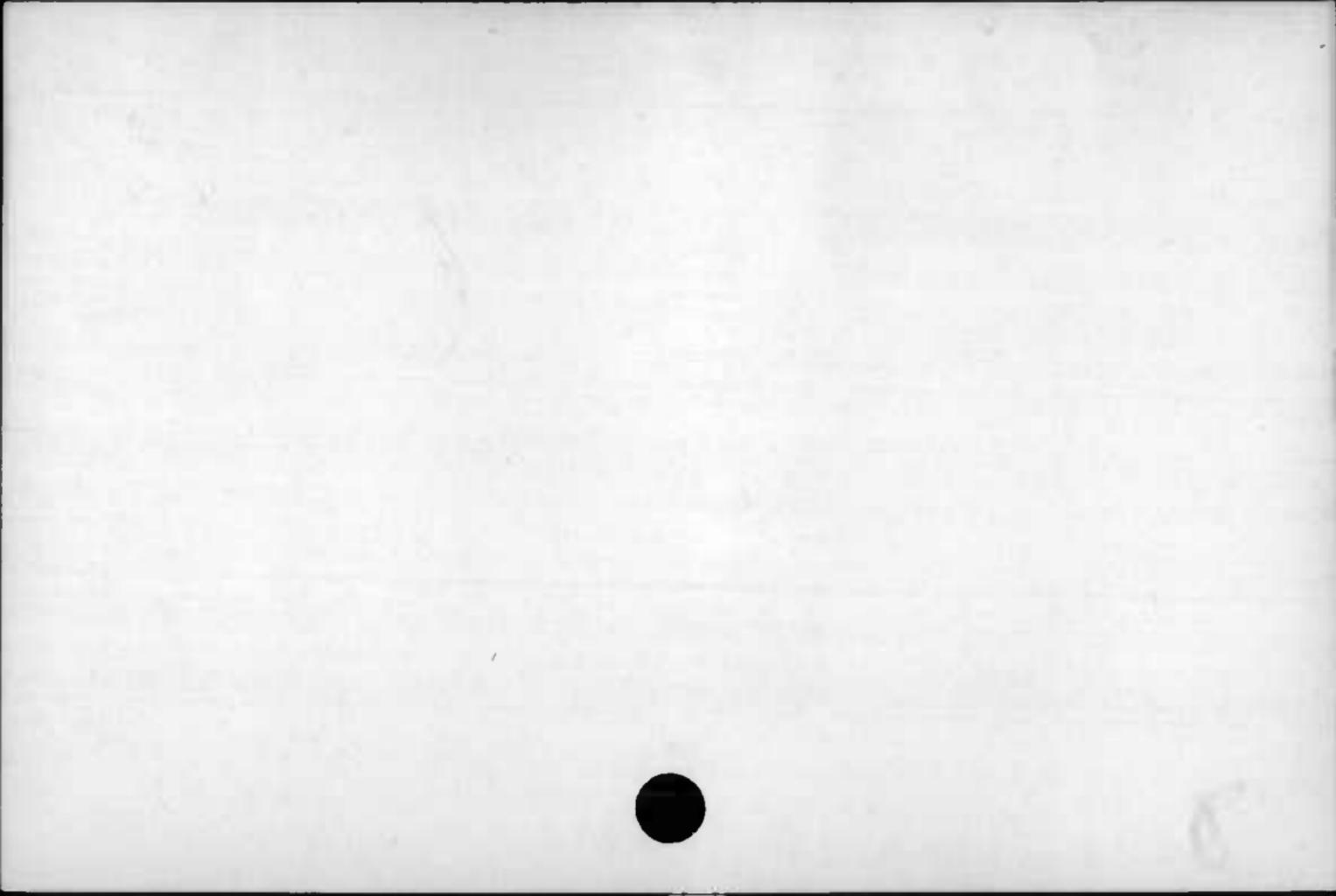
Signature of Physician

Address

Reverdy dresser  
Upper Marlboro  
Md

8

Accident or Suicide?



Name  
in  
Full

George T. Peacock

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at  
Forestville

Town  
County  
Prince George

MARYLAND

Date  
of death 1907 Month 4 Day 23 Years 61 Months — Days —

Sex Male

Color or  
Race

white

Birth-  
place

Bethel Md

Occupation

None

Where Residing if not  
at place of death

Married, —  
or Widowed

Married

Name of Wife  
Husband

Mary Peacock

Father's  
Name

Bill G. White

Father's  
Birthplace

Bethel Md

Mother's  
Maiden Name

Elizabeth Peacock

Mother's  
Birthplace

Bethel Md

Name of person giving  
Information

Arthur Tucker

How related  
to deceased

Son in law

CAUSES OF DEATH

Primary

Hemiplegia (64)

How long

4 yrs.

Immediate

Asthma

How long

6 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

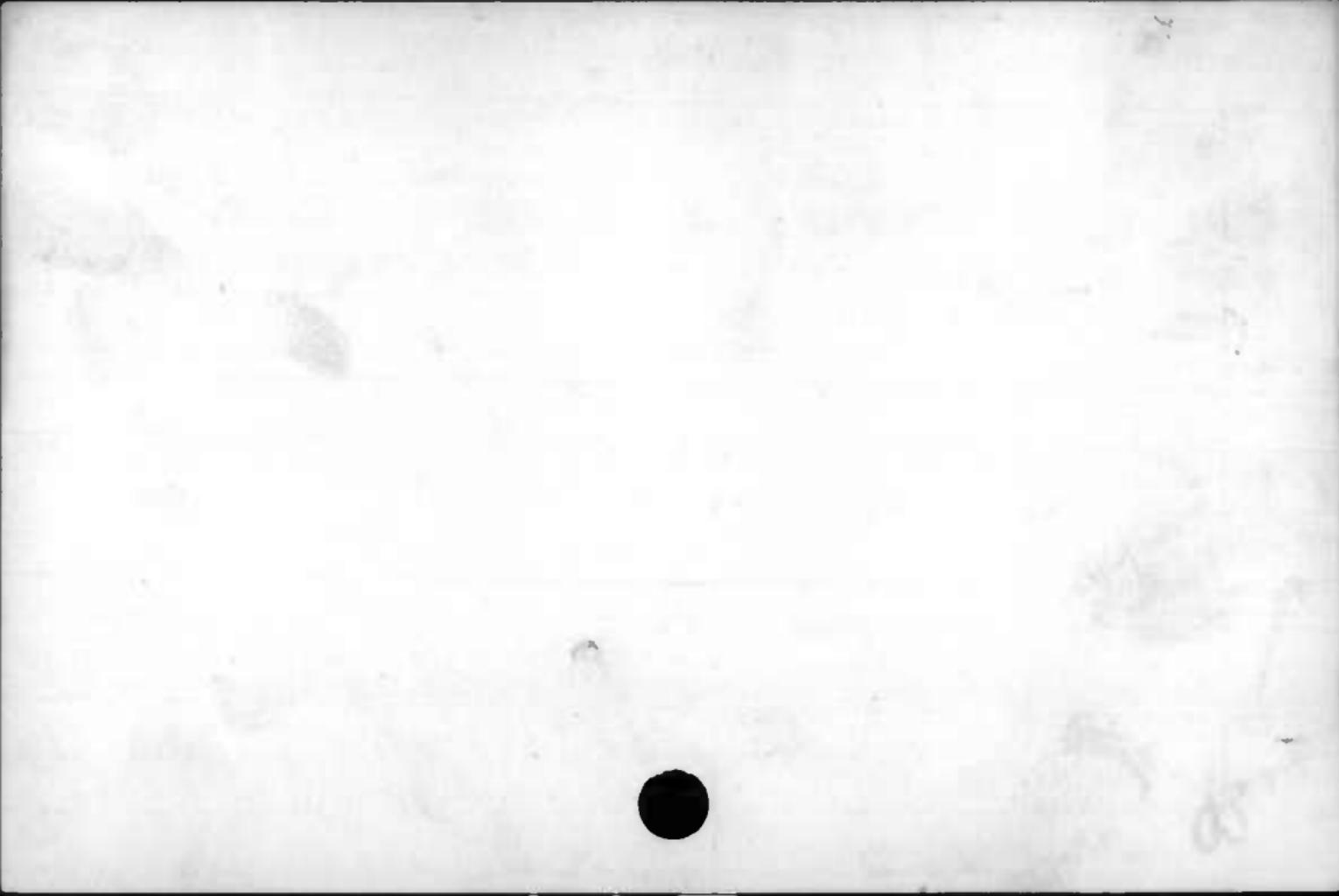
Signature of  
Physician

Address

John S. Samsbury MD  
Forestville  
Md

8  
Accident or Suicide?

neither.



Name  
in  
Full

James Chaney Proctor

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Apr.	Day 13	Years —	Months 7	Days —
Sex	Male	Color or Race	Colored		Birth-place	Md.
Occupation	Stone	Where Residing if not at place of death			<del>✓</del>	
Married, Single or Widowed	—	Name of Wife or Husband	—		Father's Birthplace	Md.
Father's Name	Henry Proctor			Mother's Birthplace		Md.
Mother's Maiden Name	Isabelle Linkins			How related to deceased		Father
Name of person giving Information	Henry Proctor					

CAUSES OF DEATH

Primary

Bronchitis

(91)

How long

3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

gs

Signature of Physician

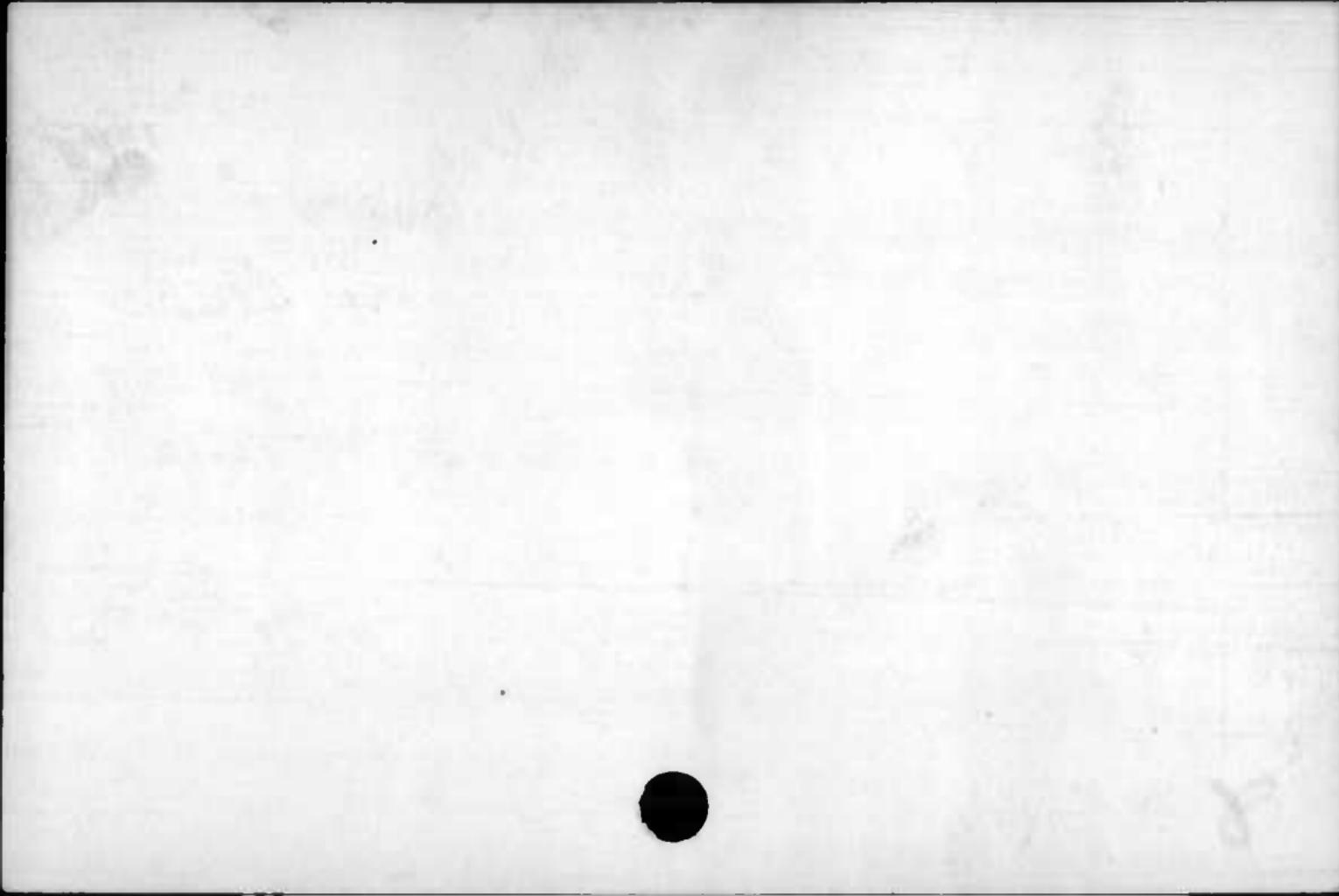
Address

Attala

Buoy Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Roland Queen.				CERTIFICATE OF DEATH				
Died at <u>Forestville</u> Town		County <u>Pr. Isid.</u>		MARYLAND				
Date of death <u>1901</u>	Month <u>April</u>	Day <u>23<sup>rd</sup></u>	Years <u>-</u>	Months <u>7</u>	Days <u>3<sup>rd</sup></u>			
Sex <u>Male</u>	Color or Race <u>colored</u>		Birth-place					
Occupation <u>None</u>	Where Residing if not at place of death <u>None</u>							
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Levius Queen</u>		Father's Birthplace <u>A. C. Lee</u>					
Father's Name <u>Levius Queen</u>			Mother's Birthplace <u>Da. Lee Co.</u>					
Mother's Maiden Name <u>Hettie Queen</u>			How related to deceased <u>Father</u>					
Name of person giving information <u>Levius Queen</u>								

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Pneumonia.

How long

2 wks

Immediate

Exhaustion

How long

8 hrs

Are the name, age, sex, color, date and place correctly given above?

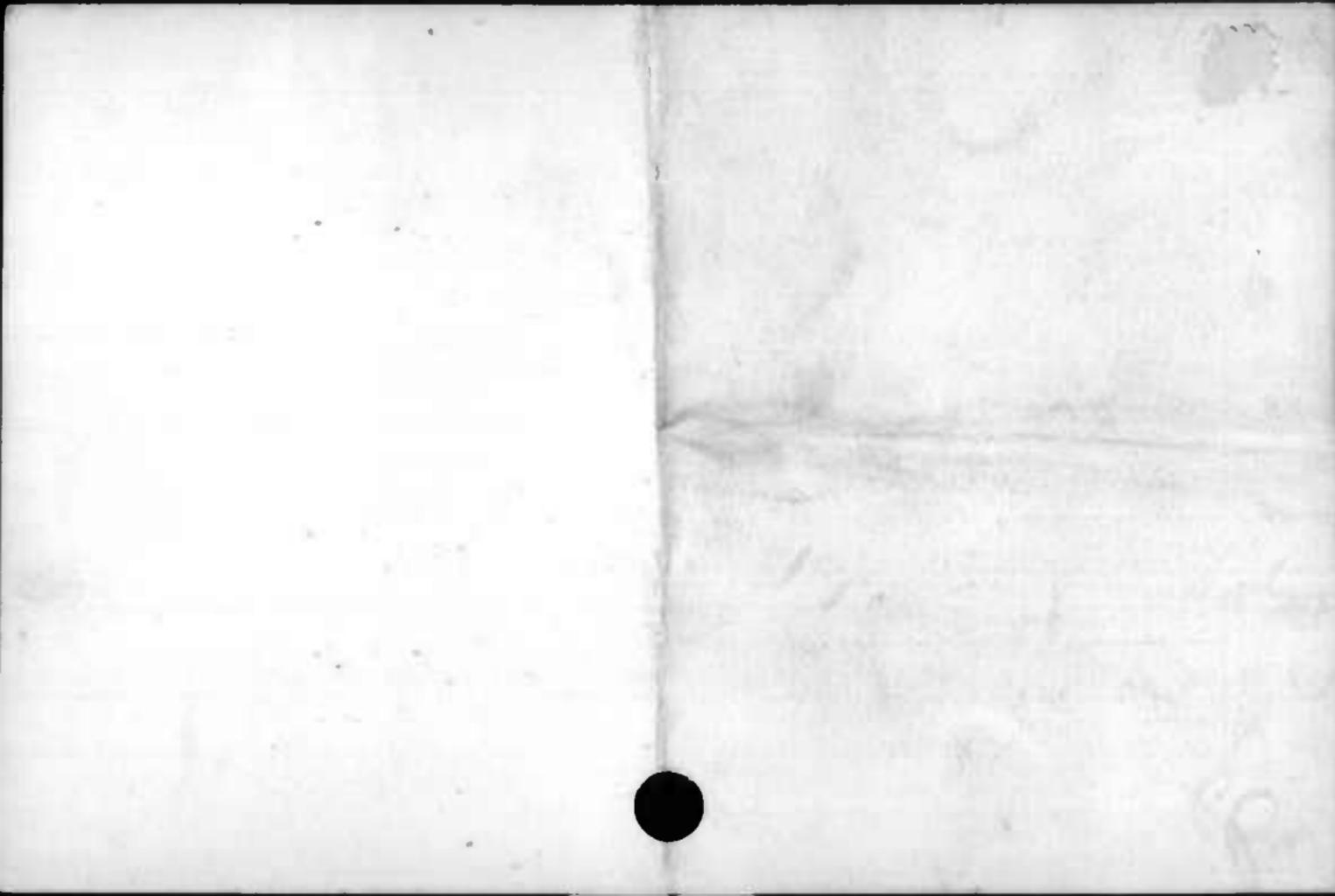
yes.

Signature of Physician

Address

John E. Lansbury M.D.  
Forestville Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Rhodes

CERTIFICATE OF DEATH

Died at		Town	College Park	County	P. Geo.	MARYLAND					
Date of death	1907	Month	April	Day	2	Years	—	Months	—	Days	—
Sex	Male	Color or Race	white	Birth-place	College Park						
Occupation	Porter		Where Residing if not at place of death								
Married, Single or Widowed	—	Name of Wife or Husband	—								
Father's Name	Chas N. Rhodes			Father's Birthplace	Va.						
Mother's Maiden Name	Janie L. Ruffner			Mother's Birthplace	Va						
Name of person giving information	Chas N. Rhodes			How related to deceased	Father						

CAUSES OF DEATH

(8)

How long

How long

Primary

Stillborn

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

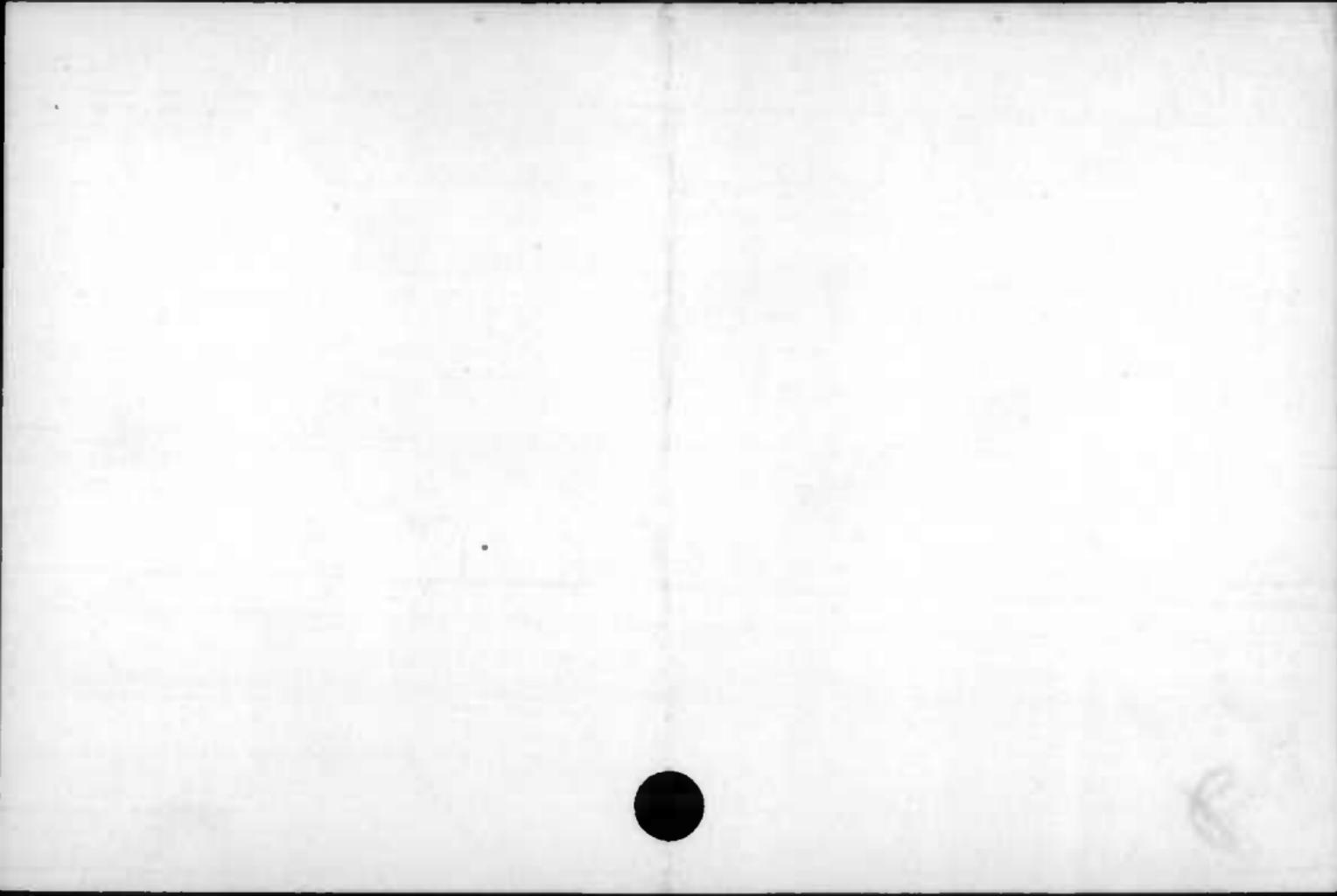
Signature of Physician

Address

Attala  
Peruwa Md

J

Accident or Suicide?



Name  
in  
Full

John Robertson

CERTIFICATE OF DEATH

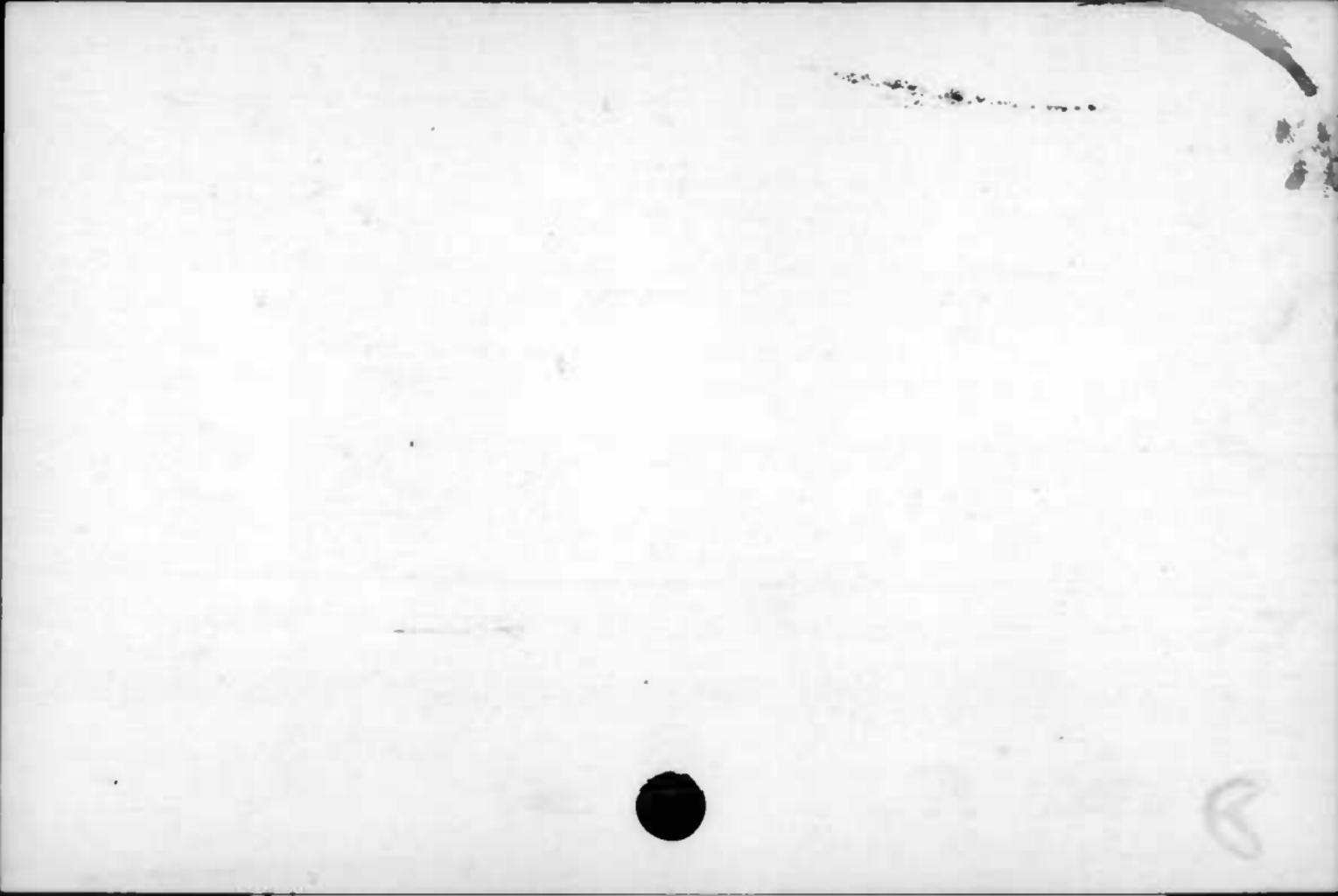
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1907	Month April	Day 2	Years —	Months 2 months
Sex	male	Color or Race	Black	Birth-place	Oxon Hill
Occupation	Invant	Where Residing if not at place of death			Oxon Hill
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	John Robertson			Father's Birthplace	Maryland
Mother's Maiden Name	Alice Newman			Mother's Birthplace	Maryland
Name of person giving information	Albert Newman			How related to deceased	Uncle

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enteric Colitis	105	How long	4 weeks
Immediate	Asthma		How long	one week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Jos. M. Parker MD
			Address	Congress Heights D.C.
Accident or Suicide?				



Name  
in  
Full

Charles Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death 1907	Month April	Day 18	Years Age 28	Months	Days	
Sex Male	Color <del>ca</del>	Race	Birth-place	Mar		
Occupation Labour	Where Residing if not at place of death		at old arach - don't know			
Married <del>Single</del> or Widowed	Name of Wife or Husband		- don't know			
Father's Name	Stockert Dennis		Father's Birthplace	Mar		
Mother's Maiden Name	Annie Hebron		Mother's Birthplace	Mar		
Name of person giving information	Leahon C. Caudle		How related to deceased	none		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis

27

How long

About a year

Immediate Hemorrhage

How long

" 8 months

Are the name, age, sex, color, date and place correctly given above?

Yes

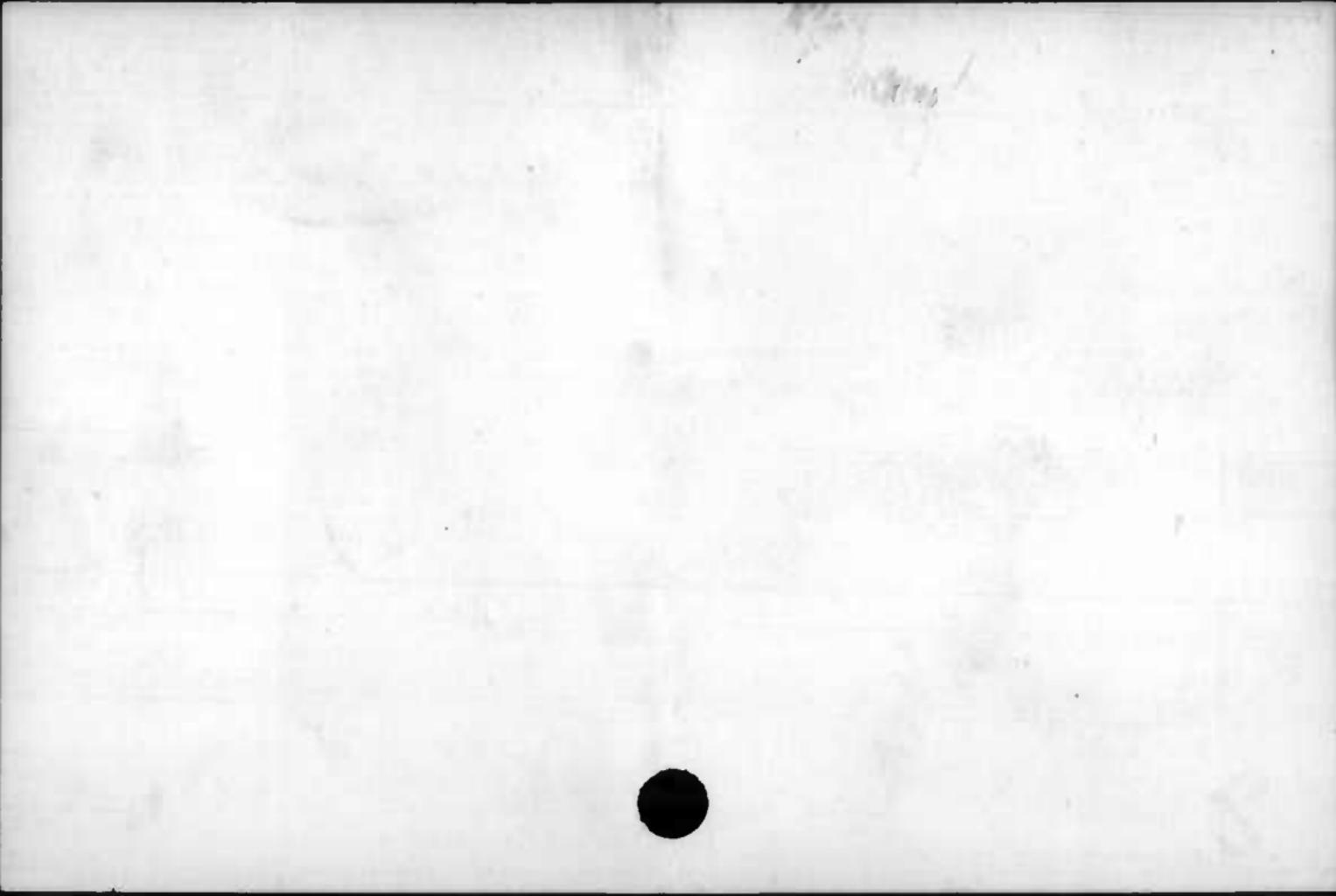
Signature of Physician

Address

6 A. Fox

Baltimore Mar

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

No name		Skinner		CERTIFICATE OF DEATH	
Died at	Northkeys		County	MARYLAND	
Date of death	1903	Month April	Day 30	Years	Months
Sex	female	Color or Race	colored	Days	
Occupation	House		Where Residing If not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	Worthington Skinner		Father's Birthplace	Md	
Mother's Maiden Name	Virgie Douglass		Mother's Birthplace	Md.	
Name of person giving information	Worthington Skinner		How related to deceased	father	

CAUSES OF DEATH

Primary  
still born

(8)

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ernest W. Garner  
809 corner  
Northkeys Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		town	County	MARYLAND	
Date of death	1907	Month, April	Day, 20	Years	Months, 1
Sex	Female	Color or Race	Colored	Birth-place	Days, 1
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	David Smith				Father's Birthplace
Mother's Maiden Name	Nellie Williams				Mother's Birthplace
Name of person giving Information	George W. Doer				How related to deceased

CAUSES OF DEATH

Primary

Premature Birth

(151)

How long  
1 day

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John E. Samsbury  
Frostville Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

neither



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Christina Anna Smith  
Baird

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Date  
of death

Month

Day

Years

Months

Days

1907 April

18

47

-

Sex

Female

Color or  
Race

Black

Birth-  
place

Md.

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Chas Griswold

Father's  
Name

Nicholas. Paul

Father's  
Birthplace

Md

Mother's  
Maiden Name

Margaret. Paul

Mother's  
Birthplace

Md

Name of person giving  
Information

Chas Griswold

How related  
to deceased

Husband

CAUSES OF DEATH

120

Primary

Uraemic

How long

43 hours

Immediate

Uraemic

How long

Are the name, age, sex, color, date  
and place correctly given above?

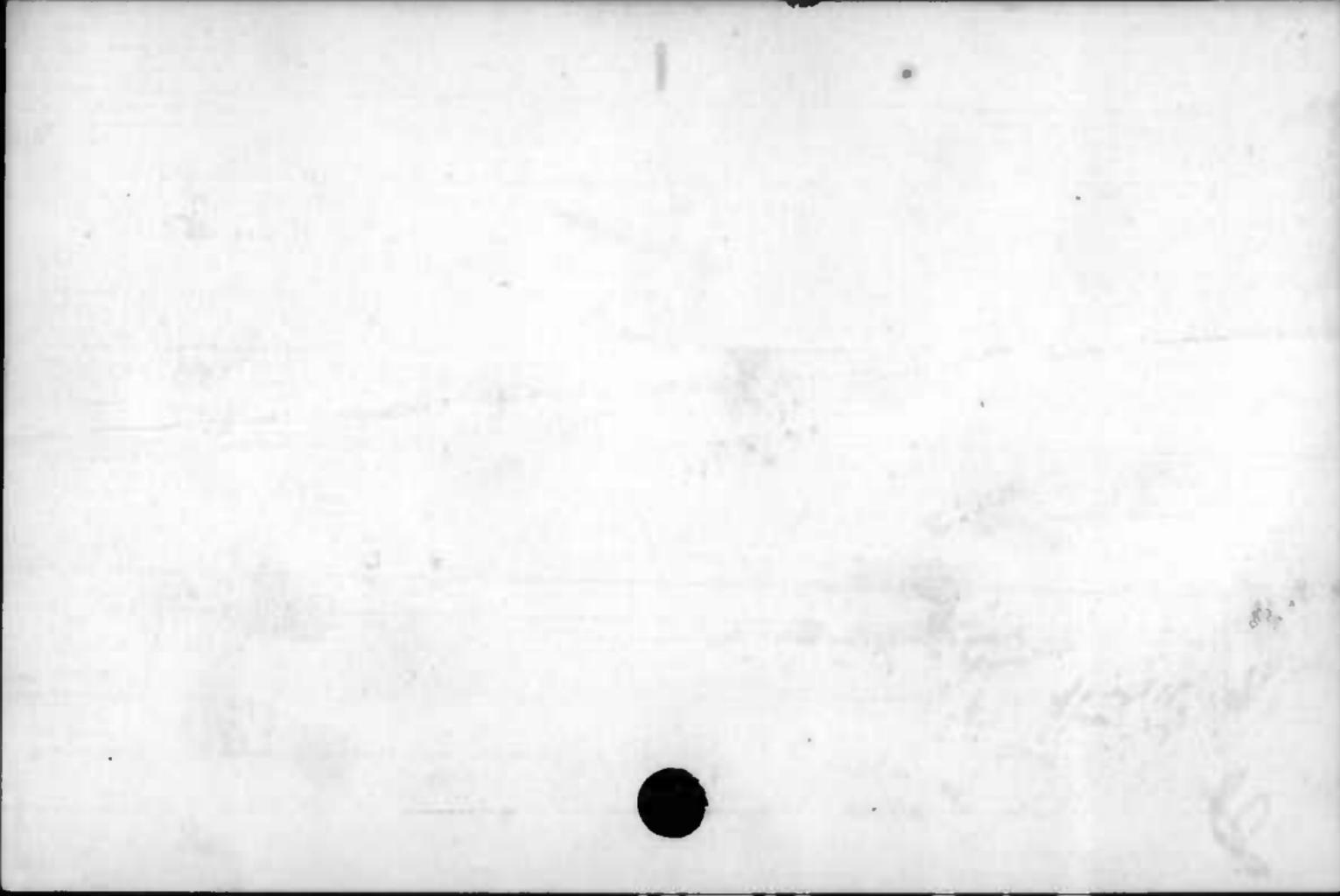
Signature of  
Physician

Address

Dr. W. Carroll M.D.  
Springfield Md.

J

Accident or Suicide?



Name  
in  
Full

Samuel A. Stailey

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at **East- Riverdale** Town **County** **City, Co.**  
**MARYLAND**

Date of death <b>1907</b>	Month <b>Apr.</b>	Day <b>1</b>	Years <b>85</b>	Months <b>-</b>	Days <b>-</b>
Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Pa.</b>			
Occupation <b>Unknown</b>	Where Residing if not at place of death <b>- Unknown</b>				
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>- Unknown</b>		Father's Birthplace <b>Pa.</b>		
Father's Name <b>Wm. Stailey</b>	Mother's Maiden Name <b>Elizabeth Sponerbury</b>		Mother's Birthplace <b>Pa.</b>		
Name of person giving information <b>H. Stailey</b>	How related to deceased <b>Son</b>				

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

Old age

How long

3 weeks

Immediate

How long

"

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

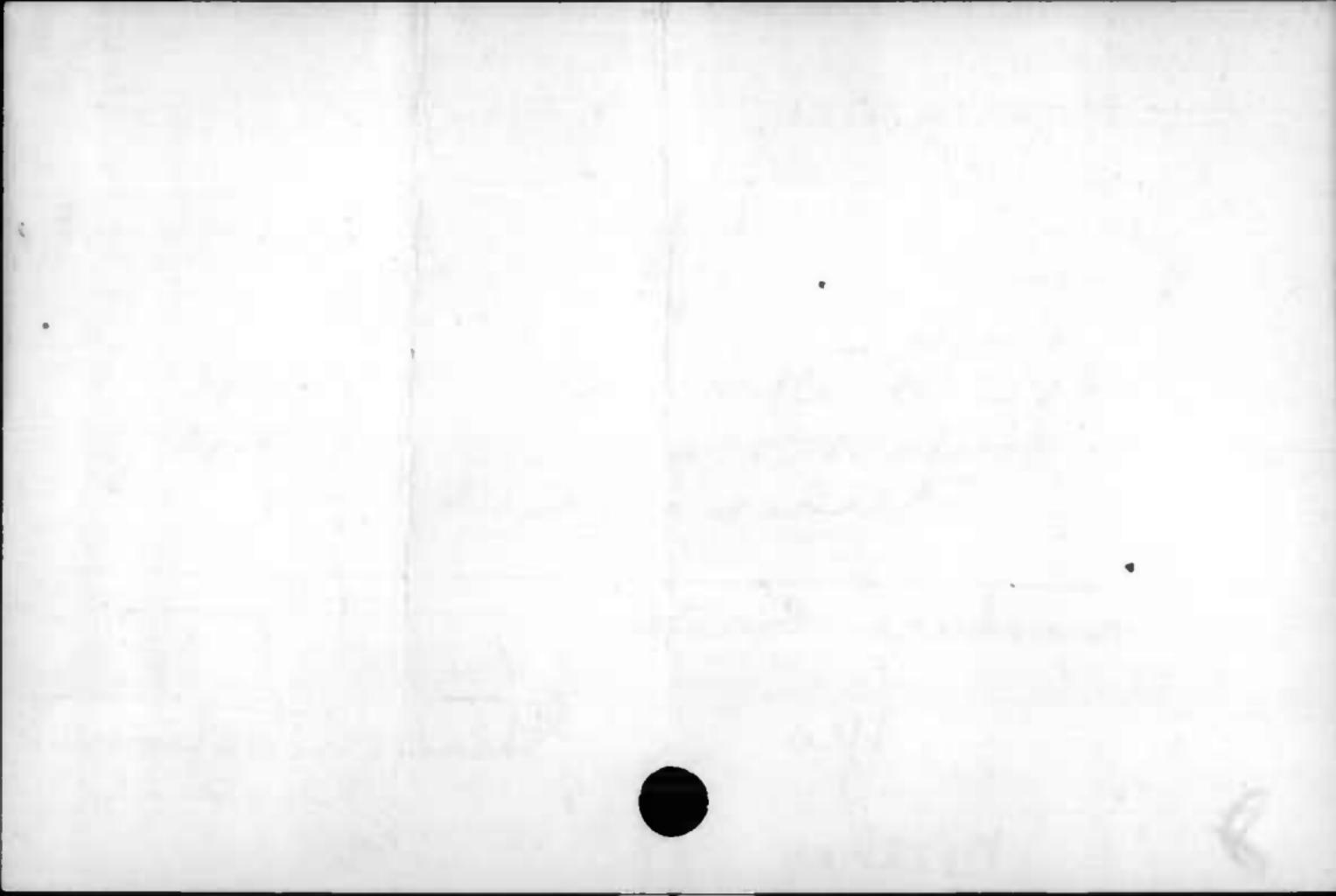
765 Willis

787 Mattsbeer

MD

Accident or Suicide?

No



Name  
in  
Full

(unnamed)

Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hyattsville

Town

Date of death 1907 Month Apr Day 15

County  
Pr Ises

MARYLAND

Age 1

Months 1 Days 1

Sex Male

Color or Race

white

Birthplace

Hyattsville

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Wm S. Stevens

Father's  
Birthplace

me

Mother's  
Maiden Name

Houla Dorr

Mother's  
Birthplace

me

Name of person giving  
Information

Father of child

How related  
to deceased

151

CAUSES OF DEATH

Primary

Premature birth

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

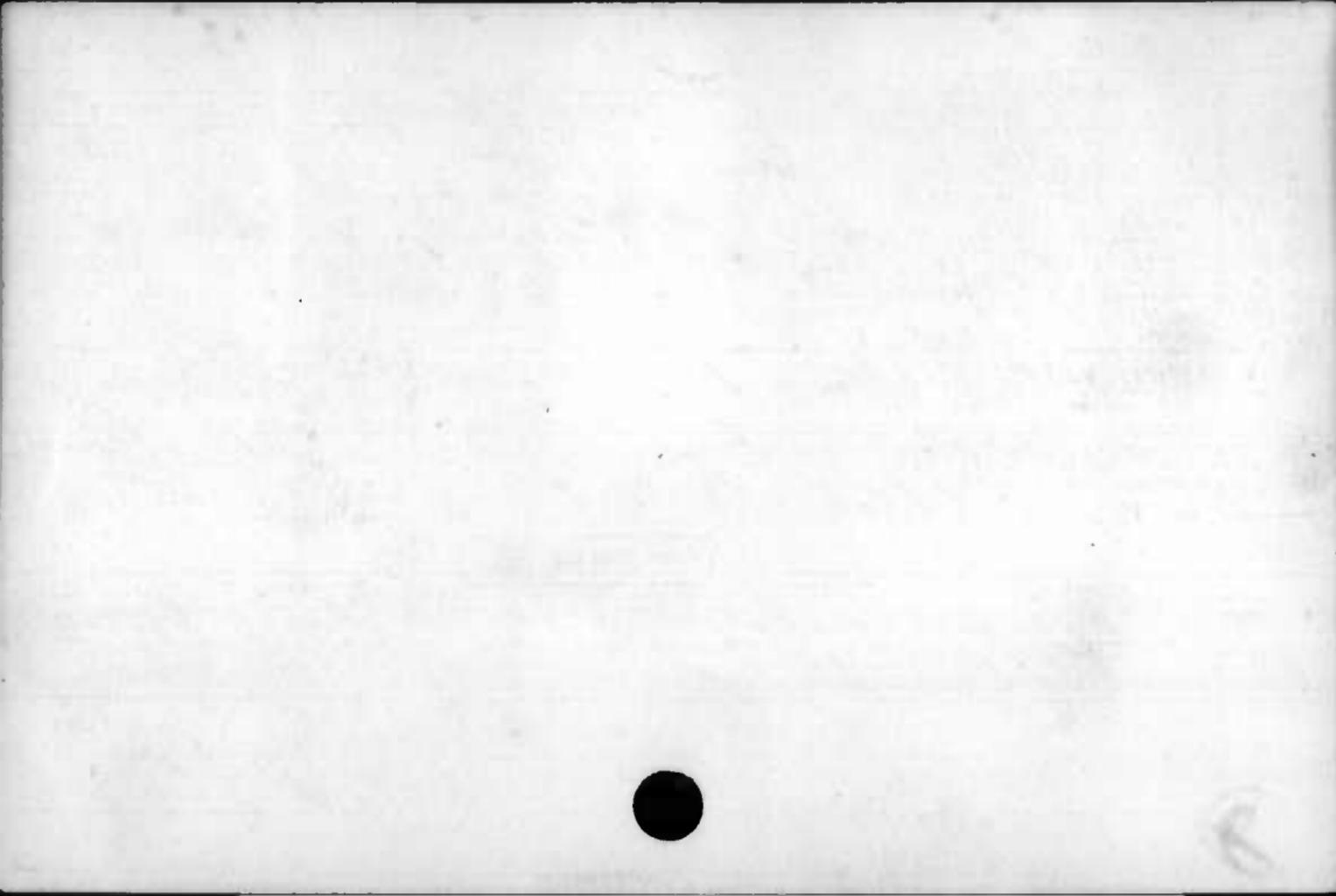
Address

George Whiteman  
Hyattsville  
Md

8

Accident or Suicide?

Neither



Name  
in  
Full

Charles Edward Stewart

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
7 April	Month	Day	Years	Months	Days
Male	Sex	Color or Race	Colored	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Farmer's Name	P. G. Lee Maryland				
Mother's Maiden Name	Maryland				
Name of person giving information	Patrick Stewart Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

about 7 days

Immediate

Exhaustion

How long

3 day.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. J. Hinkele M. D.  
Hale, P. G. Lee, M. D.

Address

Accident or Suicide?



Name  
In  
Full

Henry L. Thompson

CERTIFICATE OF DEATH

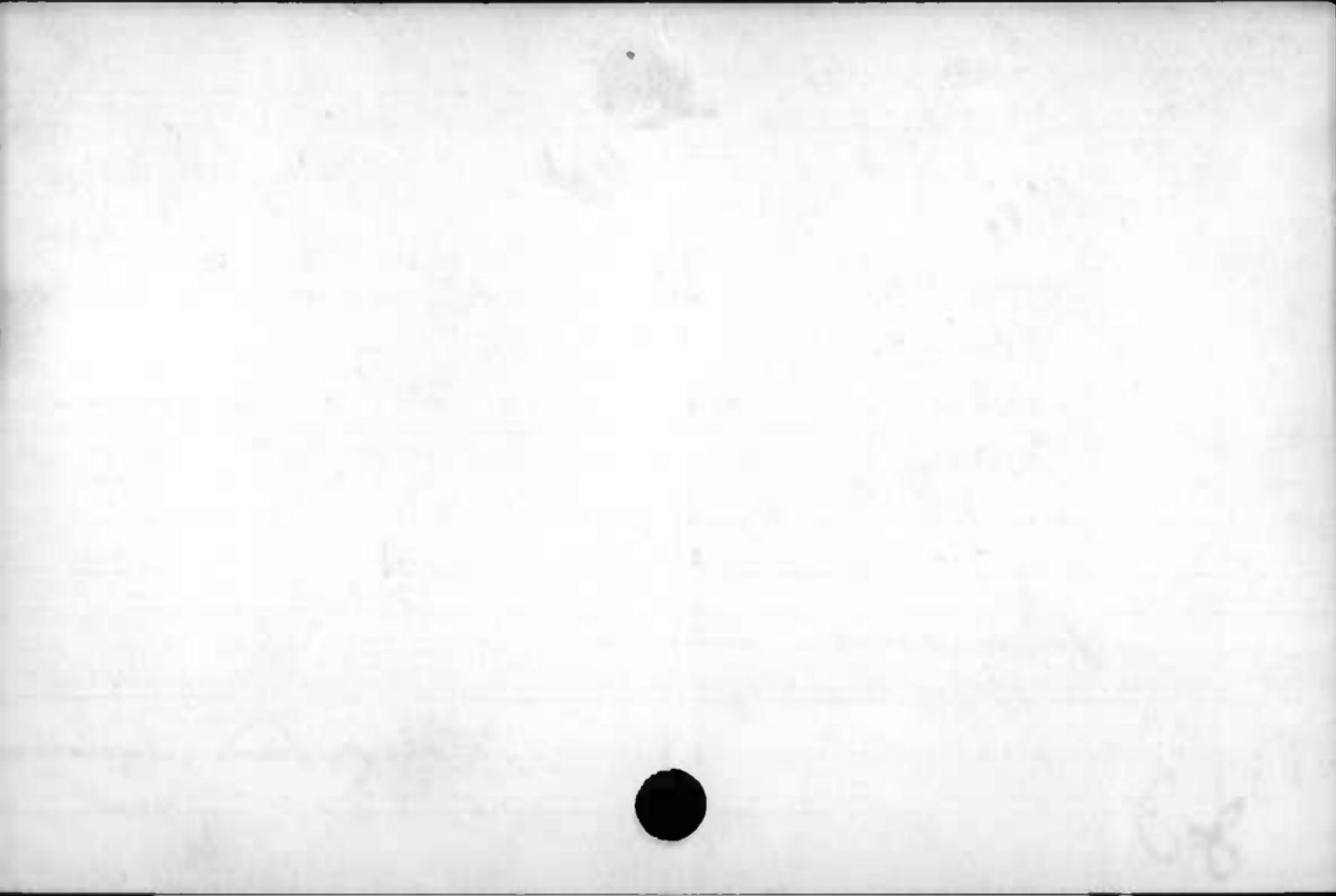
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White	Chesapeake		
Occupation	Teacher	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		at place of death			
Father's Name	George Thompson		Don't know			
Mother's Maiden Name	Levina Connell		Don't know			
Name of person giving information	Brother Clementine		None			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	64	How long	11 months
Immediate	64	How long	about or hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	b. a. fox Baltimore Md
Yes			
Accident or Suicide?			



Name  
in  
Full

James William Francis Tolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Aquasco

County

Pr. Geo

MARYLAND

Date  
of death

1907

Month

Day

April 24

Years

Age

Months

Days

One

Sex

Male

Color or  
Race

Colored

Birth-  
place

Aquasco Md

Occupation

Wife

Where Residing if not  
at place of death

Aquasco Md

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

-

Father's  
Name

John Tolson

Father's  
Birthplace

Aquasco Md

Mother's  
Maiden Name

Mary Coleman

Mother's  
Birthplace

Aquasco Md

Name of person giving  
Information

John Tolson

How related  
to deceased

Father

CAUSES OF DEATH

151

Primary

Premature birth -

How long

8 mrs.

Immediate

Weapness

How long

One day

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Yes

H. Mortland Brown  
Aquasco. Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Elizabeth Tremmel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Glendale Town Crue George County MARYLAND  
Date of death 1907 Month April Day 18 Age 65 Years  
Sex Female Color or Race White Birthplace Hungaria  
Occupation None Where Residing if not at place of death  
Married, Married Name of Husband George Tremmel  
Father's Name Adam Orey Father's Birthplace Hungaria  
Mother's Maiden Name Madeline Portmann Mother's Birthplace Hungaria  
Name of person giving Information Teresa E Tremmel How related to deceased Daughter

CAUSES OF DEATH

40

Primary

Cancer of the Liver

How long

1 year

Immediate

Cystitis

How long

10 days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

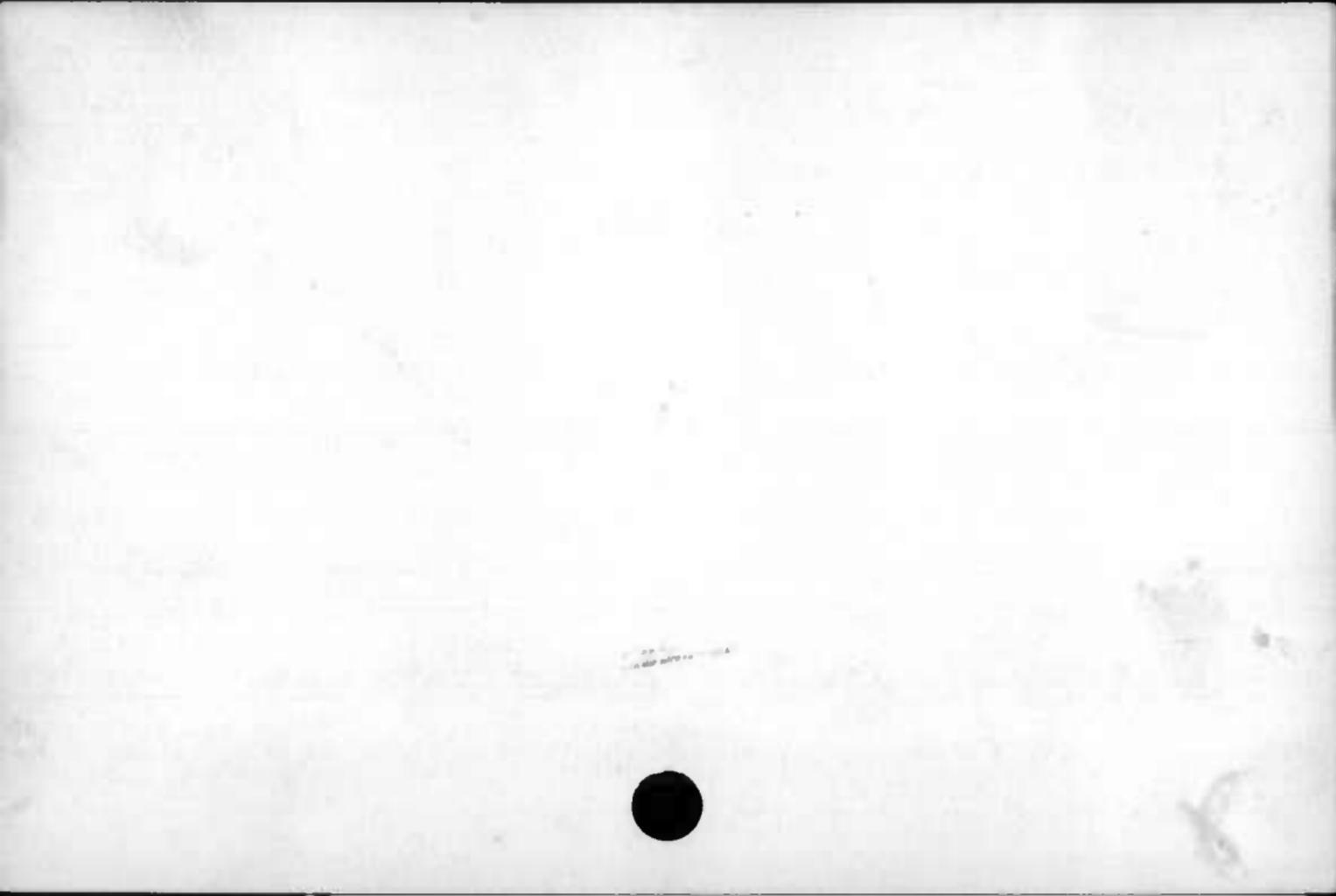
Signature of Physician

Address

John E. Saubury M.D.  
Forestville  
P.G Co. Md.

J

Accident or Suicide?



Name  
in  
Full

Majion Walls

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Clinton

Town P. O. County

MARYLAND

Date of death 1907 Month Apr Day 19 Years 47 Months Days

Sex Female

Color or Race

colored

Birth-place

Md

Occupation

House

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Wm. Walls

Father's  
Name

Unknown

Father's  
Birthplace

-

Mother's  
Maiden Name

"

Mother's  
Birthplace

-

Name of person giving  
Information

691

How related  
to deceased

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Neyrosthenia

How long

8 mo

Immediate

Paralysis

6 mo

How long

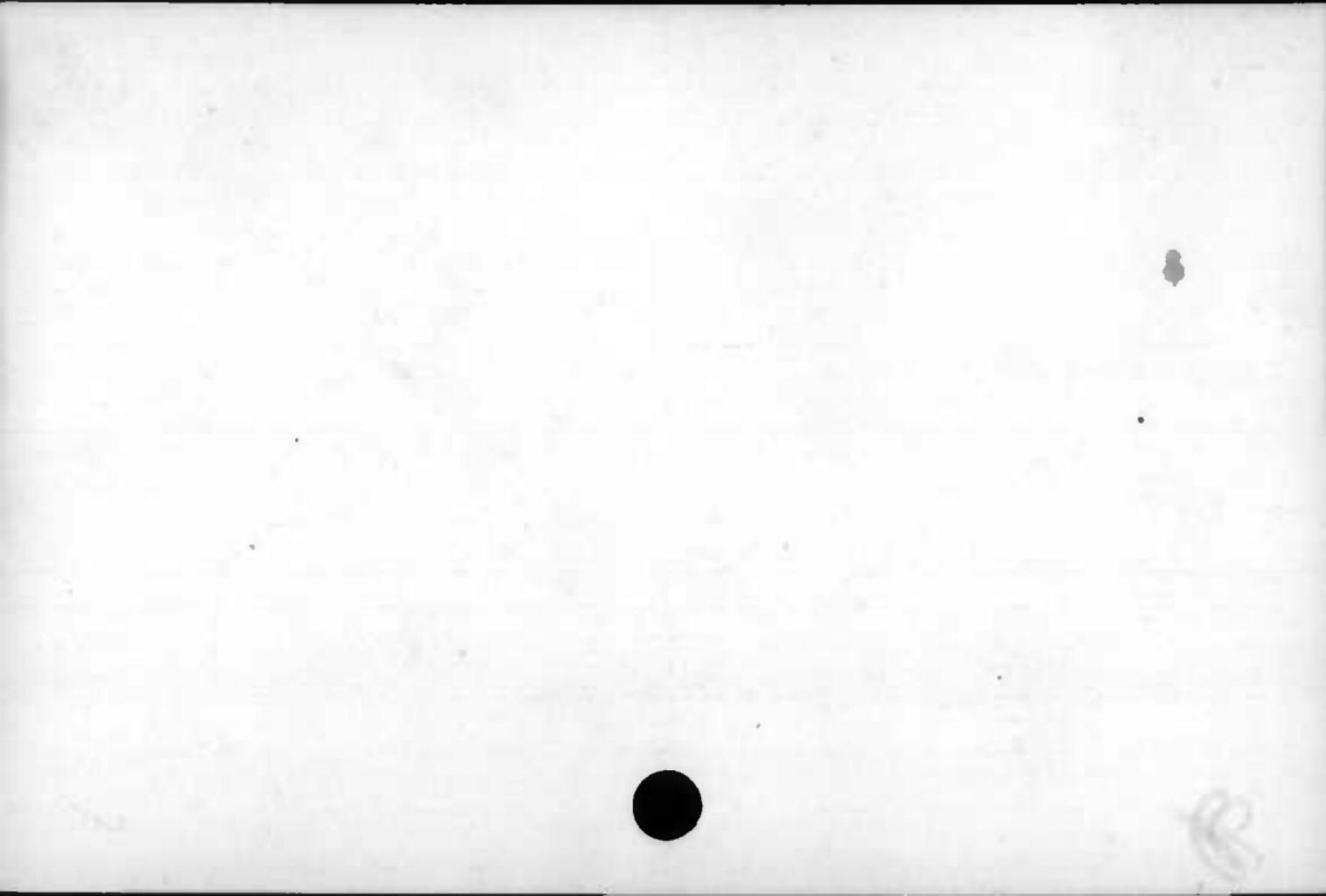
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. L. Varying  
Clinton  
Md

Accident or Suicide?



Name  
in  
Full

Thomas Warrick  
Town  
Broad Creek Rd. Md.

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY  
NEAREST FRIEND

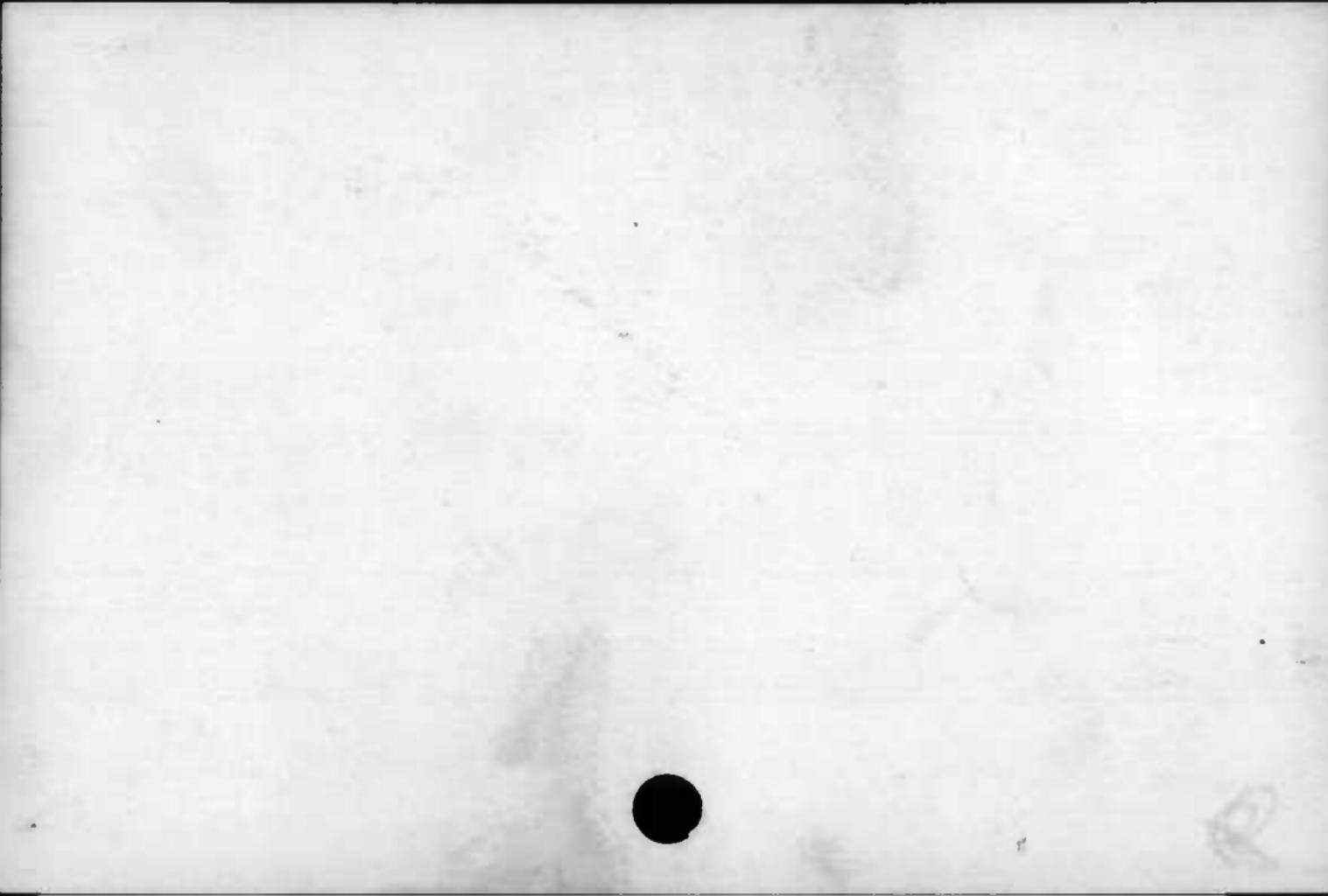
Died at	Month	Day	Years	Months	Days
Date of death	1907	4	29	Age	—
Sex	Male	Color or Race	Black	Birth-place	Md.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas Warrick				
Mother's Maiden Name	Lettie Verbie				
Name of person giving information	Thomas Warrick				

CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	Infantile Convulsions	
Immediate	Convulsion	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		E. G. Simpson
	Address	Racecross Md.
8	Accident or Suicide?	



Name  
in  
Full

Martha Ella Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Woodmore</u>		<u>Town</u>	<u>Prince Georges</u>		<u>County</u>	<u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>April</u>	Day <u>23</u>	Years <u>35</u>	Age <u>35</u>	Months	Days	
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place <u>Maryland</u>			
Occupation <u>Housewife</u>	Where Residing not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Henry Williams</u>						
Father's Name <u>Frank Wallace</u>	Father's Birthplace <u>Don't Know</u>						
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>Don't Know</u>						
Name of person giving information <u>Henry Williams</u>	How related to deceased <u>Husband</u>						

CAUSES OF DEATH

97

PHYSICIAN  
OR CORONER

Primary

Asthma

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Robert J. Dillop  
Coroner  
Freudall

Accident or Suicide?

